DEPT.-65

JOB-28

REEL-11

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureou: Vital Statistics

Record Identificotion

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Micrafilm and destray originals.

D. ☒ Micrafilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Totol	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold os scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

1111110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 25th March 1880
4. *Place of Birth* (Street and Number) 223 Madison Ave
5. *Full Name of Mother* Virginia Rebecca Attinson
6. *Mother's Maiden Name* Deal
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Edmonson Attinson
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Attinson

Address 223 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1111141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25th 1880
4. Place of Birth (Street and Number)	Balto St
5. Full Name of Mother	Elizabeth Perine
6. Mother's Maiden Name	Elizabeth Morrow
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Thomaston P. Perine
9. Father's Occupation	Manufacturer of Stone & Earthen Ware (Potter)
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Loverbox M.D.
Address	289 E Balto St
Remarks	

44442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 25th 1880
4. *Place of Birth (Street and Number)* 218 N. Eden St
5. *Full Name of Mother* Jane Sanderson
6. *Mother's Maiden Name* " Oliver
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sanderson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address 220 N. Eden St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25th 1880
4. Place of Birth (Street and Number)	No 16 Ann st
5. Full Name of Mother	Mary Jones Clark
6. Mother's Maiden Name	" Menshaw
7. Mother's Birthplace	Washington City
8. Full Name of Father	George Clark
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M.D.
Address	22 Jackson Place
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

444444

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 25th 1880
4. *Place of Birth, (Street and Number)* 142 McCulloh St
5. *Full Name of Mother,* Cassa Mitchell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Montgomery County Md
8. *Full Name of Father,* George Mitchell
9. *Father's Occupation,*
10. *Father's Birthplace,* Montgomery County Md

Name of Medical Attendant, or other Person who makes this Return. Mary F. Dorsey

Address, 83 Oxford St

Remarks,

Plan any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

1111115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Clara Louise Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 25th December 1880
4. *Place of Birth, (Street and Number)* #458 Eutaw St.
5. *Full Name of Mother* Clara B. Robinson
6. *Mother's Maiden Name* Clara B. Wampler
7. *Mother's Birthplace* Westminster Md.
8. *Full Name of Father* Charles W. Robinson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address #171 Pressman St.

Remarks

RETURN OF A BIRTH

11 11 11 46

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Meale
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 25th 1880
4. *Place of Birth, (Street and Number)*	N W Cor Clinton Ave & Clark St
5. *Full Name of Mother,*	Josephine Gertrude Ball
6. *Mother's Maiden Name,*	Lemgren
7. *Mother's Birthplace,*	Hagarstown Md
8. *Full Name of Father,*	Frank Webster Ball
9. *Father's Occupation,*	Journalist
10. *Father's Birthplace,*	Grand Rapids, Mich
Name of Medical Attendant, or other Person who makes this Return.	Elias Le Price M.D.
Address,	262 Madison Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	2 Females
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 29 1880
4. Place of Birth (Street and Number)	13 Parish St Baltimore
5. Full Name of Mother	Susannah Lebond
6. Mother's Maiden Name	Susannah Slathers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Lebond
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Freburger
Address	792 W Pratt St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44448

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* December 25 1880
4. *Place of Birth, (Street and Number)* No 563 N. Gay Street
5. *Full Name of Mother,* Mary S. ~~Sherwood~~ Ellis
6. *Mother's Maiden Name,* Mary S. Sherwood
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Ellis
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

44449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 25, 1880
4. *Place of Birth (Street and Number)* No 197 Washington St
5. *Full Name of Mother* Rosey Malay
6. *Mother's Maiden Name* Rosey Gatigan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Con Malay
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E. Bull

Address No 171 South St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1111450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 25th of December 1880
4. *Place of Birth,* (*Street and Number*) 362 East Fayette street
5. *Full Name of Mother,* Mary Link
6. *Mother's Maiden Name,* Mary Blum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Blum
9. *Father's Occupation,* Bier Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, 1880

44451

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Chil

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25 t 1880
4. *Place of Birth, (Street and Number)* No 45 Wyeth to
5. *Full Name of Mother,* Lause Raabe
6. *Mother's Maiden Name,* Lause Gottschalk
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fread Raabe
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Nazarene

Remarks, No 70 Russel St

Plate any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th Dec 1880
4. *Place of Birth (Street and Number)* 43 Cumstead St
5. *Full Name of Mother* Hattie M Round
6. *Mother's Maiden Name* Hattie M Case
7. *Mother's Birthplace* Boston Mass
8. *Full Name of Father* New York I Emory Round
9. *Father's Occupation* Clergyman
10. *Father's Birthplace* Huckerman N J

Name of Medical Attendant, or other Person who makes this Return. J W F Murdoch M D

Address 80 Read St

Remarks

RETURN OF A BIRTH.

444453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1880
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 December 1880.
4. *Place of Birth (Street and Number)* 102 Patapsco Street Balto City
5. *Full Name of Mother* Elizabeth Fröhlich
6. *Mother's Maiden Name* Elizabeth Eberhard
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Abel Fröhlich
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yager

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

Dec. 28th 1880.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Dec. 25th 1880
4. *Place of Birth, (Street and Number)* No 263 S. Inn Street
5. *Full Name of Mother* Henrietta Schweiger.
6. *Mother's Maiden Name* Henrietta Brown
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charles Schweiger.
9. *Father's Occupation* Stevedore.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 127 S. Wolfe St.

Remarks f

RETURN OF A BIRTH

1111555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te Kind
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	Weiss
3. *Date of Birth,*	geboren den 25ten December
4. *Place of Birth, (Street and Number)*	No. 112. Thames Str
5. *Full Name of Mother,*	Elisabeth Reimann
6. *Mother's Maiden Name,*	Elisabeth Dresse l
7. *Mother's Birthplace,*	Deutschland
8. *Full Name of Father,*	Hugo Reimann
9. *Father's Occupation,*	Barbier
10. *Father's Birthplace,*	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Friederike Kaufmann
Address,	No. 197 S. Dollver Str
Remarks,	Hebamme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First -

1. *Sex (state whether male or female)* - male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 25th 1880 -
4. *Place of Birth (Street and Number)* 36 East Street -
5. *Full Name of Mother* Ellen Konig -
6. *Mother's Maiden Name* Ellen. Knowels -
7. *Mother's Birthplace* Baltimore. Md
8. *Full Name of Father* Charles = Konig
9. *Father's Occupation* Tinner =
10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return. G. A. Dohme MD

Address #86. E. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44457

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* decbr. 25d. 1880
4. *Place of Birth, (Street and Number)* Co. Kastel and Madison Sts.
5. *Full Name of Mother,* Lisete Fallendeim
6. *Mother's Maiden Name,* L. Ruehling
7. *Mother's Birthplace,* Germane
8. *Full Name of Father,* Andon Fallendeim
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 N. Broadstr.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44458

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 25d 1880
4. *Place of Birth, (Street and Number)* N. Gallesh. 57
5. *Full Name of Mother,* Berda Ossendorf
6. *Mother's Maiden Name,* Berda Fogl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Glemens Ossendorf
9. *Father's Occupation,* Loeben
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Rudiger

Address, 139 N. Bondsh.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

111459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 December
4. *Place of Birth, (Street and Number)* 9 S Exeter
5. *Full Name of Mother,* Ana Bokley
6. *Mother's Maiden Name,* Schliger
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John B. Bokley
9. *Father's Occupation,* Carpreiber
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

444-60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 25, 1880.
4. *Place of Birth (Street and Number)* 175 S. Chester St.
5. *Full Name of Mother* Mary L. Butterfield
6. *Mother's Maiden Name* Mary L. McDonnell.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Rodolph Butterfield
9. *Father's Occupation* Ship Joiner.
10. *Father's Birthplace* Turks Island, W. I.

Name of Medical Attendant, or other Person who makes this Return. J. M. Sullivan, M.D.

Address 116 Thames St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 25th 1880

4. Place of Birth (Street and Number) 359 N. Charles St

5. Full Name of Mother Annie Bird

6. Mother's Maiden Name Annie Von Phul

7. Mother's Birthplace Cincinnati

8. Full Name of Father W Lee Bird

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J W Mittenberger

Address 121 W. Monument

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

444462

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 25 Dec 1880
4. *Place of Birth, (Street and Number)* 146 Lombard St
5. *Full Name of Mother,* Birdie Davis
6. *Mother's Maiden Name,* — Shlymans
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Deaf Davis
9. *Father's Occupation,* Pedlar
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Mrs Rose Ulbig
48 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

114462

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 25th 1880
4. Place of Birth, (Street and Number) 323 East Monument st
5. Full Name of Mother Annie L Norris
6. Mother's Maiden Name Annie L. Hands
7. Mother's Birthplace Baltimore City
8. Full Name of Father Isaac H. Norris
9. Father's Occupation Bricklayer
10. Father's Birthplace Anarundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address 378 E. Monument st

Remarks

RETURN OF A BIRTH

14.14.611.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1890 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23d Dec 1890
4. *Place of Birth, (Street and Number)* Balto Am st No 257
5. *Full Name of Mother,* Anna Schmeball
6. *Mother's Maiden Name,* Anna Trubar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joe Trubar
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Birth Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 63 Washington st

Remarks,

Mary Hospital

JOHN B. PIET, PRINTER & STATIONER, BALT.

44465

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25th 1880
4. *Place of Birth, (Street and Number)* 95 Ridgely St
5. *Full Name of Mother,* Sparetia Bowman
6. *Mother's Maiden Name,* Sparetia Hudson
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Theodore Bowman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook MD

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44466

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 25th 1880
4. *Place of Birth, (Street and Number)* 311 Sharp St
5. *Full Name of Mother,* Jane Walsh
6. *Mother's Maiden Name,* Jane Boulden
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Michael Walsh
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook MD

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28th 1880
4. *Place of Birth, (Street and Number)*	128 Henrietta St
5. *Full Name of Mother,*	Jane Mason
6. *Mother's Maiden Name,*	Jane Knight
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Wm G. Mason
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook MD
Address,	196 Hanover St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 December 1880
4. *Place of Birth (Street and Number)* 125 W Madison Ave
5. *Full Name of Mother* Mary Kate Wehrhahn
6. *Mother's Maiden Name* " Weber
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Hugh E Wehrhahn
9. *Father's Occupation* Tailor Scouring Dyer
10. *Father's Birthplace* Hannover Europe

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26. N [illegible] L M.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 26 1880
4. *Place of Birth (Street and Number)* No 434 Bradford Alley
5. *Full Name of Mother* Juley A Barnes
6. *Mother's Maiden Name* Juley A Leong
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John W Barnes
9. *Father's Occupation* Seaboard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E Pell

Address No 171 South Chester St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44470

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26 th 1880
4. *Place of Birth, (Street and Number)* No 341 Sharp st
5. *Full Name of Mother,* (Kraffen Elisabeth) Knorr
6. *Mother's Maiden Name,* America
7. *Mother's Birthplace,* George Kraffen
8. *Full Name of Father,*
9. *Father's Occupation,* Huxter
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

Name: Harry Stein

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* December 26 1880
4. *Place of Birth,* (Street and Number) No 219 N Wolfe Street
5. *Full Name of Mother,* Clara V. (~~Ellis~~) Stein
6. *Mother's Maiden Name,* Clara V. Stockton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles (~~Ellis~~) Stein
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwood

Address, 236 N Wolfe St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

111472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th December 1880
4. Place of Birth (Street and Number)	Park Street & Fairmount
5. Full Name of Mother	Francis Rubert
6. Mother's Maiden Name	Francis Fowler
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Rubert
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary F. Kraning
Address	
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 26th
4. Place of Birth (Street and Number)	No 82 Ridgeley St
5. Full Name of Mother	Elizabeth Fontz
6. Mother's Maiden Name	" Foniff
7. Mother's Birthplace	City
8. Full Name of Father	Jacob Fontz
9. Father's Occupation	Waterman
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	15 S Hanover St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4447 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 26th 1880.
4. *Place of Birth, (Street and Number)* Baltimore 220 Gough st
5. *Full Name of Mother,* Sarah E Boyd
6. *Mother's Maiden Name,* Sarah E Jackson
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* William K Boyd
9. *Father's Occupation,* Puddler
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah E Knowles

Address, No 134 south Caroline St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Second

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 26th 1880
4. *Place of Birth,* (*Street and Number*) No 434 West Baltimore street
5. *Full Name of Mother,* Emma Fisher
6. *Mother's Maiden Name,* Emma Betz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Finley Fisher
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunker

Address, 60 Lafayette St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44476

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st of December 1880
4. *Place of Birth, (Street and Number)* No 106 Lemond St.
5. *Full Name of Mother,* Barbra Fink.
6. *Mother's Maiden Name,* " " Schaman
7. *Mother's Birthplace,* Harmstat
8. *Full Name of Father,* Adam Fink.
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Harmstat

Name of Medical Attendant, or other Person who makes this Return. Miss A. Lindner

Address, No 45 S. Monroe St. 9th W

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

4-4-77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 26
4. Place of Birth (Street and Number) Madison St
5. Full Name of Mother Rosey Degent
6. Mother's Maiden Name Tailor
7. Mother's Birthplace Baltimore
8. Full Name of Father Clarence Degent
9. Father's Occupation Brick Layer
10. Father's Birthplace Paras France

Name of Medical Attendant, or other Person who makes this Return.

Address J E Sheets

Remarks 24 Ashgrove

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 26th 1880
4. *Place of Birth (Street and Number)* 9th So. Chester St.
5. *Full Name of Mother* Sarah E. Bayne
6. *Mother's Maiden Name* Sarah E. Seymour
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Wm. W. Bayne
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* Wilmington, Del.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 77 S. Broadway

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 24479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. December 27th 1880

HEALTH DEPARTMENT RECEIVED DEC 27 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 26th 1880.
4. *Place of Birth, (Street and Number)* 83 Aisquith St.
5. *Full Name of Mother* ~~Robert~~ Lydia Barker
6. *Mother's Maiden Name* ~~Lydia~~ Hartig.
7. *Mother's Birthplace* America
8. *Full Name of Father* Robert Barker.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No 127 Wolfe St.

Remarks

RETURN OF A BIRTH.

14480

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of Dec. 1880
4. Place of Birth (Street and Number)	85 S. Broadway
5. Full Name of Mother	Ida May Lusby
6. Mother's Maiden Name	Morgan
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	James Duff Lusby
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Irons M.D.
Address	* 406 E. Balto. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11-4-81

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.s Wes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 26ten December
4. *Place of Birth, (Street and Number)* No 164 S. Spring St
5. *Full Name of Mother,* Chatrine Renner
6. *Mother's Maiden Name,* Chatrine Lorrum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Renner
9. *Father's Occupation,* Rockmacher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Bulles St

Remarks, Hebamme.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

1111482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 26th. 1880
4. *Place of Birth, (Street and Number)* No 197. Bond St.
5. *Full Name of Mother* Cinderella Brown
6. *Mother's Maiden Name* Cinderella Nellson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Brown
9. *Father's Occupation* Miller
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 185 S.E. cor Central av & Monument St.

Remarks Are Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

114483

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 December
4. *Place of Birth, (Street and Number)* 129 N Canal
5. *Full Name of Mother,* Charls Ihlen
6. *Mother's Maiden Name,* Fairentzer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Ihlen
9. *Father's Occupation,* Silversmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Harper

Address, 82 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) C
3. Date of Birth 26th Dec '80.
4. Place of Birth (Street and Number) 35 George St.
5. Full Name of Mother Pauline Blondheim
6. Mother's Maiden Name Pauline Halle
7. Mother's Birthplace Balto City
8. Full Name of Father Solomon Blondheim
9. Father's Occupation Clothing House
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S. W. Calvert & Reed St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 44485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 26 1880
4. *Place of Birth, (Street and Number)* Baltimore Md
5. *Full Name of Mother,* Mary Elizabeth Herman
6. *Mother's Maiden Name,* Mary Elizabeth Herman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* David Herman
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44486

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26th of Decembre 1880
4. *Place of Birth, (Street and Number)* 413 West Pratt
5. *Full Name of Mother,* Anna Reder
6. *Mother's Maiden Name,* Anna Schaffer
7. *Mother's Birthplace,* Bremen Germany
8. *Full Name of Father,* John Henry Reder
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

444487

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th Dicemb 1880
4. *Place of Birth, (Street and Number)* No 45 Bidgley Str
5. *Full Name of Mother,* Anna Lauppe
6. *Mother's Maiden Name,* Anna Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Lauppe
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address,

Remarks, Russell St No 70

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4.4.4.88

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 26. 1880
4. *Place of Birth, (Street and Number)* S. Wolfstr No 108
5. *Full Name of Mother,* Dorothea Wehr
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Franz Wehr
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baubach

Address, S. Wolfstr No 14

Remarks, Midwife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 26th 1880.
4. Place of Birth (Street and Number)	149 N Exeter St
5. Full Name of Mother	Carrie Brian
6. Mother's Maiden Name	" " Hipsley
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry T Brian
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell MD
Address	2 N Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 29 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th December
4. *Place of Birth, (Street and Number)* 26 Patterson Park Ave
5. *Full Name of Mother,* Lena Frunk
6. *Mother's Maiden Name,* Matthews
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Frunk
9. *Father's Occupation,* Sutler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley No 12 Fillmore St

Address, Mrs Wiley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 11442 91

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1890 BALTIMORE MD.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female) female

Race or Color, (if not of the white race) white race

Date of Birth December the 26

Place of Birth, (Street and Number) Baltimore Byrd st No 12

Full Name of Mother Julia Dixon

Mother's Maiden Name Julia Bush

Mother's Birthplace Carline Co Md

Full Name of Father David Dixon

Father's Occupation Shoe Maker

Father's Birthplace Eston Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kathorn

Address William st No 3 yd

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

44492

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 26th 1880
4. *Place of Birth, (Street and Number)* Baltimore Parkin st No 108
5. *Full Name of Mother* Ida. Berry
6. *Mother's Maiden Name* " Woodall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Woodall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 140 Ramsey st

Remarks

RETURN OF A BIRTH

114493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1889 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Dec 1889
4. *Place of Birth, (Street and Number)* Balt West St No 250
5. *Full Name of Mother,* Anna Handler
6. *Mother's Maiden Name,* Anna Dam
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Handler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Baptist

Address, 69 Washington

Remarks,

Mary Baptist

JOHN G. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

444494

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 27th 1880
4. *Place of Birth, (Street and Number)* 40 Aisquith St
5. *Full Name of Mother* Mary Hannibal
6. *Mother's Maiden Name* Mary Kronmiller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Hannibal
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St.

Remarks

44495

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 27-1880
4. *Place of Birth, (Street and Number)* No 192 Chew Street
5. *Full Name of Mother,* Kate Parr
6. *Mother's Maiden Name,* Kate Doyle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Parr
9. *Father's Occupation,* Street Car Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44496

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 24 of Decemb
4. *Place of Birth, (Street and Number)* No 108 Somerset St
5. *Full Name of Mother* Mary Heil
6. *Mother's Maiden Name* Mary Müller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Müller
9. *Father's Occupation* Tabler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 177 Harfestern

155

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27th of Dec 1880
4. *Place of Birth, (Street and Number)* No 63 Forest St
5. *Full Name of Mother,* Anna Elaisa Davidge
6. *Mother's Maiden Name,* Anna Elaisa Saunders
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* John Edward Davidge
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, No 5 Forest St

Remarks, Harriet Jackson

JOHN B. PIET, PRINTER & STATIONER, BALT.

44498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~) "

2. Race or Color (if not of the white race) "

3. Date of Birth December 27th 1880

4. Place of Birth (Street and Number) No 67 Barnes n

5. Full Name of Mother Laura Virginia Ford

6. Mother's Maiden Name " " Siddons

7. Mother's Birthplace Baltimore City

8. Full Name of Father John N. Ford

9. Father's Occupation Can Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M.D.

Address Broadway & Madison n

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

444-99

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th day of December
4. *Place of Birth, (Street and Number)* Monroe St No 15
5. *Full Name of Mother,* Harriet A Little
6. *Mother's Maiden Name,* Harriet A Keen
7. *Mother's Birthplace,* Darlington Harford County
8. *Full Name of Father,* Richard T Little
9. *Father's Occupation,* Laborer at B & O R R
10. *Father's Birthplace,* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindau

Address, 45 Monroe St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4. Childe

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Color Child

3. Date of Birth, December the 27, 1880

4. Place of Birth, (Street and Number) No. 64. Church street

5. Full Name of Mother, Georgan Palmon

6. Mother's Maiden Name, Georgan Prote

7. Mother's Birthplace, Baltimore ~~Prote~~ M. d

8. Full Name of Father, Alforde Prote

9. Father's Occupation, Drannon

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 Yarke street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the ~~white race~~)
3. Date of Birth 26 Dec 1880
4. Place of Birth (Street and Number) 169 Sanvale St
5. Full Name of Mother Elizabeth Hage
6. Mother's Maiden Name Jordan
7. Mother's Birthplace Va
8. Full Name of Father Peter B Hage
9. Father's Occupation Clerk
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Geo H Eyster Md

Address 1 Waverley Terrace

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex, (state whether male or female)* A girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of december
4. *Place of Birth, (Street and Number)* 397 Sharp st
5. *Full Name of Mother,* Mary ebert
6. *Mother's Maiden Name,* Mary faunt
7. *Mother's Birthplace,* city of Baltimore
8. *Full Name of Father,* charls ebert
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* city of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Williamanie Smith

Address, 396 sharp st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

114503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 27th 1880
4. *Place of Birth (Street and Number)* N. E. Cor. Barre & Warner sts.
5. *Full Name of Mother* Catherine A. Griffin
6. *Mother's Maiden Name* Catherine A. Oneill
7. *Mother's Birthplace* N. Jersey
8. *Full Name of Father* Geo. S. J. Griffin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Taylor Smith M. D.

Address 221 Barre st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44564

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* December 27th 1880.
4. *Place of Birth, (Street and Number)* Bailey avenue No. number.
5. *Full Name of Mother* Louisa Scholl.
6. *Mother's Maiden Name* Louisa Roder.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Christian Scholl.
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. Willegrist

Address 182 East Monument Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44505

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* December 27th 1880.
4. *Place of Birth, (Street and Number)* Gunnmount ave No number
5. *Full Name of Mother* Mary Clifford.
6. *Mother's Maiden Name* Mary Fayner.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* William Clifford
9. *Father's Occupation* Labour.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Nina Hillegist

Address 182 East Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44506

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 27 1880
4. *Place of Birth, (Street and Number)* No 3 Stocker Street
5. *Full Name of Mother,* Minnie Mueller
6. *Mother's Maiden Name,* Minnie Swatch
7. *Mother's Birthplace,* Prison
8. *Full Name of Father,* Philip Mueller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Prison

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt

Address, No 525 Penna Avenue

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 27 - 1880
4. Place of Birth (Street and Number)	95 N Charles St
5. Full Name of Mother	Laura V Wright
6. Mother's Maiden Name	Granger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jacob L L Wright
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mr Rieman M D
Address	87 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 44508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 27th
4. Place of Birth, (Street and Number) N° 52 Pratt st
5. Full Name of Mother Margaret Hillebrandt
6. Mother's Maiden Name Kinsea
7. Mother's Birthplace Germany
8. Full Name of Father Henry Hillebrandt
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sabina Simon

Address 1170 Eutaw st

Remarks

RETURN OF A BIRTH.

144509

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 27 of December 1880
4. *Place of Birth (Street and Number)* Jefferson Cand Caroline
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name* Mary Dennis
7. *Mother's Birthplace* Snow Hill Maryland
8. *Full Name of Father* Wm Johnsons
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Snow Hill

Name of Medical Attendant, or other Person who makes this Return. Miss Pete Ann

Address 15 Horn St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4.4570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 17 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27th 1880
4. *Place of Birth, (Street and Number)* No 2 Castle ally
5. *Full Name of Mother,* Annie Rauck Driver
6. *Mother's Maiden Name,* Annie Rauck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Reinhold Driver
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Simms

Address, 171 South Washington street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of Dec.
4. *Place of Birth, (Street and Number)* No 69 Parkin St
5. *Full Name of Mother,* Maryligie Hynes
6. *Mother's Maiden Name,* Maryligie Thompson
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Thomas Clive Hynes
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Seebeck.

Address, Board of Health

Remarks, Condition good not still born Benjamin Thomas Hynes American Maryligie Thompson

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4453121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 4
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	Dec 27th 1880
4. Place of Birth (Street and Number)	Druid Hill Av 1 door n of Orchard
5. Full Name of Mother	Mary Kafka
6. Mother's Maiden Name	Sinker
7. Mother's Birthplace	Germany, probably in Poland
8. Full Name of Father	Jos Kafka
9. Father's Occupation	Iron Junk dealer
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Randolph Winslow MD
Address	201 N. Biddle St
Remarks	

That the registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 44513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Grile
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6 27th 1880
4. *Place of Birth, (Street and Number)* No 411 Eutaw St
5. *Full Name of Mother,* Lizzie Thecknett
6. *Mother's Maiden Name,* Lizzie Thartman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Goerg Thartman
9. *Father's Occupation,* Carperter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Mazareum

Remarks, Russell No 70

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29th 1880
4. *Place of Birth, (Street and Number)* 53 S Chappel ct
5. *Full Name of Mother,* Maria M Bonday
6. *Mother's Maiden Name,* " " Osterthal
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Nicholas Bonday
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address, 120 Back St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44515

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 27, 1880
4. *Place of Birth, (Street and Number)* Fremond Av. No 26.
5. *Full Name of Mother,* Mary Karbe
6. *Mother's Maiden Name,* Lorenz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Samuel Karbe
9. *Father's Occupation,* Bricksleger
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Neubach

Address, S. Wolf str. No 111

Remarks, Midwife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44576

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 29 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of December
4. *Place of Birth, (Street and Number)* 12 Cannon st
5. *Full Name of Mother,* Rosa Gengler
6. *Mother's Maiden Name,* " Rahm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gengler
9. *Father's Occupation,* Baloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 27th 1880
4. Place of Birth (Street and Number)	No. 32. Towanda st.
5. Full Name of Mother	A. Ida Norris
6. Mother's Maiden Name	A. E. Stockdale
7. Mother's Birthplace	Carroll Co.
8. Full Name of Father	N. Dorsey Norris
9. Father's Occupation	Merchant
10. Father's Birthplace	Carroll Co.
Name of Medical Attendant, or other Person who makes this Return.	F. H. Gardner
Address	No. 120 N. Greene st.
Remarks	

Further Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

44518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Dec. 1880
4. *Place of Birth, (Street and Number)* Balto, Durham st No 99
5. *Full Name of Mother,* Mary Gottalik
6. *Mother's Maiden Name,* Mary Shweida
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Gottalik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Skopist

Address, 69 Washington st

Remarks,

Mary Skopist

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 114519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 20 1880
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Dec 1880
4. *Place of Birth, (Street and Number)* Balto Washington near No 81
5. *Full Name of Mother,* Mary Diet
6. *Mother's Maiden Name,* Mary Diet
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Diet
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 Washington st.

Remarks,

Mary Hospital

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44520

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 27th 1880
4. *Place of Birth, (Street and Number)* Baltimore, Lombard No 524
5. *Full Name of Mother* Cadelia Hargidon
6. *Mother's Maiden Name* " Coffaa
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Dominick Hargidon
9. *Father's Occupation* Brass Moulder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ransom St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44521

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 December
4. *Place of Birth, (Street and Number)* Sedenhall st.
5. *Full Name of Mother,* Morrie Brown
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Retireland
8. *Full Name of Father,* Joe Brown
9. *Father's Occupation,* Train Cairier
10. *Father's Birthplace,* Retireland

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 819. Lombury st.

Remarks,

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44522

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* female child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of December
4. *Place of Birth, (Street and Number)* Vine St Baltimore
5. *Full Name of Mother,* Emily Hibbert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Harford co MD
8. *Full Name of Father,* Author Chapel
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, No 8 Watcoat St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

44523

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 28. 1880
4. *Place of Birth, (Street and Number)* 95 Battery ave
5. *Full Name of Mother* Mary E Harrison
6. *Mother's Maiden Name* Mary E Harrington
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* G A Harrison
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1145211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 28 th 1880
4. *Place of Birth, (Street and Number)*	No 82 Leadenhall st
5. *Full Name of Mother,*	Anna Arnold Schmidt
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Henry C Arnold
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder Jr midwife
Address,	330 Hanover st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

114525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28 1880
4. *Place of Birth, (Street and Number)* No 102 Butler Avenue
5. *Full Name of Mother,* Mary E. Carroll
6. *Mother's Maiden Name,* Mary E. Lewis
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Carroll
9. *Father's Occupation,* Ship Builder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr H. B. Noble

Address, 17 Hanover av

Remarks,

44526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 28th 1880
4. *Place of Birth (Street and Number)* 64 Centre St.
5. *Full Name of Mother* Annie Carrere
6. *Mother's Maiden Name* — Hopkins
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Carrere
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address 4 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11.11527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 Dec 1880
4. *Place of Birth, (Street and Number)*	188 N Fayette St
5. *Full Name of Mother,*	Sophia Betz
6. *Mother's Maiden Name,*	Gaphsart
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Herrmann Betz
9. *Father's Occupation,*	~~Saxon~~ Lock Smith
10. *Father's Birthplace,*	Saxsen
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs Rose Uhlig
Remarks,	48 N Collamd St City

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28th 1880
4. *Place of Birth, (Street and Number)*	10 Federal St
5. *Full Name of Mother,*	Emma Stine
6. *Mother's Maiden Name,*	Emma Frank
7. *Mother's Birthplace,*	York Pa
8. *Full Name of Father,*	Norman Stine
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	York Pa
Name of Medical Attendant, or other Person who makes this Return.	Magdalena Burns
Address,	Bellair Ave
Remarks,	(Magdalena Burns)

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

411529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Dec. 28th 1880.
4. *Place of Birth, (Street and Number)*	Maternité, 161 N. Lombard St.
5. *Full Name of Mother,*	Martha Brown.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Eastern Shore of Maryland.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other Person who makes this Return.	Spencer M. Free, M.D.
Address,	Maternité Hospital
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 28th 1880.
4. *Place of Birth, (Street and Number)*	Maternité, 161 N. Lombard St.
5. *Full Name of Mother,*	Effie Young.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Frederick Co. Maryland.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other Person who makes this Return.	Spencer W. Free M. D.
Address,	Maternité Hospital.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 28. 1880
4. Place of Birth (Street and Number) No. 1 Fedral St
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father Joseph Wiley
9. Father's Occupation Locomotive Engineman
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. J. D. Thomson

Address 187 W. Biddle St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JAN 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 28. 1880
4. Place of Birth (Street and Number)	30 Schroeder str.
5. Full Name of Mother	Veronica Kircher
6. Mother's Maiden Name	V. Long
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottfried Kircher
9. Father's Occupation	mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	I. I. Litzer M.D
Address	160 Saratoga str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44533

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 28 1880
4. *Place of Birth, (Street and Number)* No 34 Walsh Street
5. *Full Name of Mother,* Margret Marion
6. *Mother's Maiden Name,* " Mann
7. *Mother's Birthplace,* Bryn
8. *Full Name of Father,* P. Marion
9. *Father's Occupation,* Trunk Maker
10. *Father's Birthplace,* Hessen Gemstate

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt

Address, No 528 Penn Avenue

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4145344

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of December
4. *Place of Birth, (Street and Number)* 25 Canby St.
5. *Full Name of Mother,* Madaline Abel
6. *Mother's Maiden Name,* Madaline Betzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Abel
9. *Father's Occupation,* Drives a wagon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Miss Seelbach

Address, 437 W. Pratt St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44535 (over)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

Name of child: Asa Needham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 28 1880
4. *Place of Birth (Street and Number)* 125 S. Sharp St
5. *Full Name of Mother* Caroline Needham
6. *Mother's Maiden Name* C. Hallinshead
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Asa Needham
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

114536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 4 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 28th 1880
4. *Place of Birth, (Street and Number)* No 226 S Ann st
5. *Full Name of Mother,* Maggereth Spindler
6. *Mother's Maiden Name,* " Hofst
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Spindler
9. *Father's Occupation,* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 28th 1880
4. Place of Birth (Street and Number) 225 So Broadway
5. Full Name of Mother Josepha Theodora Miller
6. Mother's Maiden Name Ulrichsen
7. Mother's Birthplace Norway
8. Full Name of Father Peter L. Moller
9. Father's Occupation Ship Chandler
10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.

Address 51 So Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44538

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 28th 1880
4. *Place of Birth, (Street and Number)* Baltimore
5. *Full Name of Mother* Severnia Gutritch
6. *Mother's Maiden Name* " Selby
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John Gutritch
9. *Father's Occupation* Baggatelle Maker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ramsey st

Remarks

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44539

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th Dec. 1880
4. *Place of Birth, (Street and Number)* Baltimore Elsewhere and Cornet No 162
5. *Full Name of Mother,* Mary Haras
6. *Mother's Maiden Name,* Mary Mund
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Haras
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koprish

Address, 69 Washington st

Remarks,

Mary Koprish

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44540

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 29 1890
4. Place of Birth (Street and Number)	23 S. High St.
5. Full Name of Mother	Adele Castleberg
6. Mother's Maiden Name	Adele Prince
7. Mother's Birthplace	New York
8. Full Name of Father	Henry Castleberg
9. Father's Occupation	Jeweler
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Adam H. Findlay M.D.
Address	
Remarks	

RETURN OF A BIRTH

111541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* January 29th 1891

4. *Place of Birth,* (Street and Number) 402 ½ N. Mc Henry St. Balto.

5. *Full Name of Mother,* Laura Walters

6. *Mother's Maiden Name,* Laura [redacted] Stirling

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* John Walters.

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. J. Lonzon

Address, 435 N. Mc Henry St

Remarks, a very large baby

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	december 29th
4. *Place of Birth, (Street and Number)*	no 32 wayne st
5. *Full Name of Mother,*	rachel ervines
6. *Mother's Maiden Name,*	rchel colwell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bushrod colwell
9. *Father's Occupation,*	rail road porter
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

144514.3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29 1880
4. *Place of Birth, (Street and Number)* # 209 Montgomery St
5. *Full Name of Mother,* Lizzie Stewart
6. *Mother's Maiden Name,* Lizzie Howard
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jas. Stewart
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Stolle M.D

Address,

Remarks,

11-11-5 11-11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No. 2nd
1. *Sex (state whether male or female)*	Male,
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 29, 1880
4. *Place of Birth (Street and Number)*	235 N. Gay St.
5. *Full Name of Mother*	Sarah Strauss,
6. *Mother's Maiden Name*	Sarah Eisman
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	William S. Strauss,
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Hoeck M.D.,
Address	75 E. Baltimore St.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

111.545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.)	Dec 29th 1880 1st
(state whether Male or Female)	Male
ce or Color (if not of the white race)	White
te of Birth	Dec 29th 1880
ace of Birth (Street and Number)	410 Monument Street
l Name of Mother	Alice Rosenthal
ther's Maiden Name	Alice Mayer
ther's Birthplace	Pennsylvania
ll Name of Father	Eli Rosenthal
ther's Occupation	Clerk
ther's Birthplace	U S
me of Medical Attendant, or other Person who makes this Return.	A Friedenwald M D
ldress	88 N Eutaw Street
marks	

RETURN OF A BIRTH

4-11-5446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 29th 1880
4. *Place of Birth, (Street and Number)*	228 Charles st
5. *Full Name of Mother,*	Lina Fritz
6. *Mother's Maiden Name,*	Stirup
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Henry Fritz
9. *Father's Occupation,*	Boxmaker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwazer midwife
Address,	330 Hanover st
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44547

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dbr. 29 d. 1880
4. *Place of Birth, (Street and Number)* Hoofondorf
5. *Full Name of Mother,* Franziska Paer
6. *Mother's Maiden Name,* Fr. Pobb
7. *Mother's Birthplace,* Germane
8. *Full Name of Father,* Joseph Paer
9. *Father's Occupation,* Bierbrauer
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. Marin R. Rudiger

Address, 137 N. Bondstr.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 14648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 December
4. *Place of Birth, (Street and Number)* 8 Tompson
5. *Full Name of Mother,* Marie Silva
6. *Mother's Maiden Name,* Portie
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Timothe Silva
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BAL'.

RETURN OF A BIRTH 44574-9

To the Office of Registrar of Vital Statistics; Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 December
4. *Place of Birth, (Street and Number)* 11 Bank
5. *Full Name of Mother,* Lizi Irwin
6. *Mother's Maiden Name,* Dolsh
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Francis Irwin
9. *Father's Occupation,* Street Comissioner
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Casper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44550

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 29th 1880
4. *Place of Birth, (Street and Number)* 573 Harford Avenue
5. *Full Name of Mother* Bertha Stürmer
6. *Mother's Maiden Name* Kessler
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* Michael Stürmer
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldenwall M.D.

Address S E Cor Eager & Caroline Streets

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44557

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of December 1880
4. *Place of Birth, (Street and Number)* No 104 Fort Ave 1880
5. *Full Name of Mother,* Alisebeth Sikkenfeld
6. *Mother's Maiden Name,* Alisebeth Kuner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sikkenfeld
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Linhaber

Address, Hoover West 28

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-11-532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 29th 1880
4. *Place of Birth, (Street and Number)* No 374 Alice Ann
5. *Full Name of Mother,* Catherine Edelman
6. *Mother's Maiden Name,* " Edelman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Micheal Edelman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2d 1880
4. *Place of Birth (Street and Number)* 307 E. Baltimore St
5. *Full Name of Mother* Nettie B. Hopkins
6. *Mother's Maiden Name* Nettie B. Ebsworth
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Robert Ed. Hopkins
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkinson

Address 77 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1145371

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* December 30th 1880
4. *Place of Birth (Street and Number)* no 173 west Pt Balto. Md.
5. *Full Name of Mother* Ellen Luffman
6. *Mother's Maiden Name* Hall
7. *Mother's Birthplace* Lake drummond Norfolk Co Va
8. *Full Name of Father* Joseph Luffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Camblin County, N.C.

Name of Medical Attendant, or other Person who makes this Return. Susan Butler

Address no 222, West St Balto. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30th of December
4. *Place of Birth (Street and Number)* Baltimore, Harrison St No 79
5. *Full Name of Mother* Sophia Jockheim
6. *Mother's Maiden Name* Sophia Bartelle
7. *Mother's Birthplace* Boston
8. *Full Name of Father* Adolph Jockheim
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26 N [illegible]

Remarks Fine and Healthy [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 30th 1880
4. *Place of Birth (Street and Number)*	114 Mulberry St
5. *Full Name of Mother*	Mary Louise Diehl
6. *Mother's Maiden Name*	" " Fremin
7. *Mother's Birthplace*	Paris France
8. *Full Name of Father*	John Diehl
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Hesse Darmstadt - Germany
Name of Medical Attendant, or other Person who makes this Return.	H. D. Booker
Address	15 E Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec: 30th 1880
4. *Place of Birth, (Street and Number)* 414 Park Avenue
5. *Full Name of Mother* Frances Litchfield Turnbull
6. *Mother's Maiden Name* Frances Hubbard Litchfield
7. *Mother's Birthplace* Utica N.Y.
8. *Full Name of Father* Lawrence Turnbull
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. H. O. Wilson M.D.

Address 146 Park Av

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11-1-558

To the Office of Registrar of Vital Statistics, Board of Health.

GIVEN NAME ADDED 7-28-53

BALTIMORE CITY.

Name, Mary Virginia Crouch

HEALTH DEPARTMENT JAN 4 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) _____

1. *Sex (state whether ~~male~~ or female)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 30th 1880
4. *Place of Birth, (Street and Number)* 32 S. High st
5. *Full Name of Mother* Mary Virginia Crouch
6. *Mother's Maiden Name* Mary V. Massicott
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Albert H. Crouch
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks _____

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 30th of December
4. Place of Birth (Street and Number) Cathedral St. no number
5. Full Name of Mother Mary Jane Knowles
6. Mother's Maiden Name " " January
7. Mother's Birthplace Baltimore
8. Full Name of Father William Knowles
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

114560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th December 1880
4. *Place of Birth, (Street and Number)* 22 Bevan St
5. *Full Name of Mother,* Caroline Klages
6. *Mother's Maiden Name,* Spatz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Klages
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Kombel M. D

Address, 170 S. Sharp St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11-11561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child 2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	30 of December 1880
4. Place of Birth (Street and Number)	45 Abbott St. Baltimore
5. Full Name of Mother	Marye Bolek
6. Mother's Maiden Name	M. Kalal
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Matey Bolek
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Janousek
Address	45 Abbott St. Balto.
Remarks	Born Live.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

1411562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* ~~Girl~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 December
4. *Place of Birth, (Street and Number)* 133 E. Washington Street
5. *Full Name of Mother,* Idea ~~Rogers~~ McClung
6. *Mother's Maiden Name,* Idea Rogers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William McClung
9. *Father's Occupation,* Mechinist
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address, 171 South Washington Street

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 11 563

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male healthe
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 30 of Dec 1880
4. *Place of Birth, (Street and Number)* 867 W. Pratt St.
5. *Full Name of Mother* Marie Heinzenberger
6. *Mother's Maiden Name* M. Oswald
7. *Mother's Birthplace* born in Bva Germany
8. *Full Name of Father* Conrad Heinzenberger
9. *Father's Occupation* Baker
10. *Father's Birthplace* born in Bva Germany

Name of Medical Attendant, or other Person who makes this Return. Miss. Hiller

Address 1017 W. Pratt St.

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 30th 1880
4. *Place of Birth, (Street and Number)* Camden Str No 71
5. *Full Name of Mother,* Catharine Hoch Grossmann
6. *Mother's Maiden Name,* //
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jeorge Hoch
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach 439 W Pratt Str.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1146635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 30th " 1880
4. *Place of Birth, (Street and Number)*	#215 South Eutaw St
5. *Full Name of Mother,*	Catharine Steinman
6. *Mother's Maiden Name,*	" Unruth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustus Steinman
9. *Father's Occupation,*	Cook (formerly at the Carrollton Hotel)
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 South Eutaw St
Remarks,	Husband died five months before this birth

MK

JOHN B. PIET, PRINTER & STATIONER, BALT.

44566

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 0 d December 1880
4. *Place of Birth, (Street and Number)* No 372 Hanover St
5. *Full Name of Mother,* Kunny Smordy
6. *Mother's Maiden Name,* Kunny Shalhousen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Shalhousen
9. *Father's Occupation,* Seborbee
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grieshaber

Address, No 128 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dez 30. 1880
4. *Place of Birth, (Street and Number)* S. Durham str. No. 88
5. *Full Name of Mother,* Margaretha Wischer
6. *Mother's Maiden Name,* Oehs
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Michael Wischer
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raubach

Address, S. Wolf str. No. 14

Remarks, Midwife

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Morning Dec 31st 1880
4. *Place of Birth, (Street and Number)*	163 Greenmount Ave
5. *Full Name of Mother,*	Lizzie Porter
6. *Mother's Maiden Name,*	Lizzie Pugh
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	Wallace Porter
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brenton MD
Address,	25½ Greenmount Ave
Remarks,	Transverse Presentation

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

44569

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* dec 31
4. *Place of Birth, (Street and Number)* 21 short st
5. *Full Name of Mother,* mary grade
6. *Mother's Maiden Name,* mary Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* philan grade
9. *Father's Occupation,* ded
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address, no 18 short st

Remarks, healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

114570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 31st
4. Place of Birth (Street and Number) 82 Harlem Avenue
5. Full Name of Mother Clara Uhler
6. Mother's Maiden Name Clara Burgess
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas S. Uhler
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary E Price

Address 200 N Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114571

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 31 1880
4. *Place of Birth, (Street and Number)* Dunkin Ally No 3
5. *Full Name of Mother,* Martha Wiley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Henry Wiley
9. *Father's Occupation,* oyster sher
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mara Lach

Address, 77 N Durham St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 31 1880
4. *Place of Birth, (Street and Number)* No 21 Wesleyan Street
5. *Full Name of Mother,* Mary Concannon
6. *Mother's Maiden Name,* " Reardon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Concannon
9. *Father's Occupation,* Tin-Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmidt

Address, No 523 Penna Avenue

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4.11.573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 31 st 1880
4. *Place of Birth, (Street and Number)* № 739 Hanover st
5. *Full Name of Mother,* Leone Kiligan
6. *Mother's Maiden Name,* Pelle
7. *Mother's Birthplace,* Belgien
8. *Full Name of Father,* Cristian Kiligan
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* Belgien

Name of Medical Attendant, or other Person who makes this Return. J. Lohnasser and wife

Address, 330 Hanover st.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 31 December
4. *Place of Birth, (Street and Number)* 114 Ledenhall st
5. *Full Name of Mother,* Elenora Weales
6. *Mother's Maiden Name,* " James
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weales
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 319 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 31 December
4. *Place of Birth, (Street and Number)* 70 Russell st.
5. *Full Name of Mother,* Frances Parmer
6. *Mother's Maiden Name,* " Shorter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Parmer
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Watson

Address, 319 Hamburg st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

Name: Annie Laura Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 31st of December
4. Place of Birth (Street and Number) 11 Federal St.
5. Full Name of Mother Mary Taylor
6. Mother's Maiden Name " Stuart
7. Mother's Birthplace Baltimore
8. Full Name of Father James Taylor
9. Father's Occupation Cabinet maker
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1145 77

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex. (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 31st Dezember 1880

4. *Place of Birth, (Street and Number)* 543 East Fayette street.

5. *Full Name of Mother,* Mary Kahoff.

6. *Mother's Maiden Name,* Mary D. Kahn

7. *Mother's Birthplace,* Near Baltimore

8. *Full Name of Father,* James D. Kahn

9. *Father's Occupation,* ~~Baltimore~~ Police officer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

44578

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 31st December 1880
4. *Place of Birth, (Street and Number)* No. 109 N Bond St.
5. *Full Name of Mother* Mrs. Annie A. Backus
6. *Mother's Maiden Name* Miss Annie A. Hall
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Mr. William T. Backus
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendenen M.D.

Address No. 102 N Broadway

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44579

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dez. 31. 1880
4. *Place of Birth, (Street and Number)* S. Durham str. No 48
5. *Full Name of Mother,* Frecency Malz
6. *Mother's Maiden Name,* Heininger
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Otto Malz
9. *Father's Occupation,* Karpenter
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Bauhach

Address, S. Wolf str. No 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

114580

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 31st 1880
4. Place of Birth (Street and Number)	# 205 S. Fremont St.
5. Full Name of Mother	Mary L. Franklin
6. Mother's Maiden Name	Mary L. Bolton
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Franklin
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M. D.
Address	221 Barre St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 13 1880

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 4

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24 1875
4. Place of Birth (Street and Number) No 10 Hollins St
5. Full Name of Mother Fannie Frank
6. Mother's Maiden Name " Katzenberger
7. Mother's Birthplace Balto Md
8. Full Name of Father Nissen Frank
9. Father's Occupation Merchant
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett MD

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre[illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) — white
3. Date of Birth 24th of November 1876
4. Place of Birth (Street and Number) Register Street No 76
5. Full Name of Mother Margreth Hold
6. Mother's Maiden Name Margreth Dinner
7. Mother's Birthplace Germaney Baverian
8. Full Name of Father John Hold
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore Countey

Name of Medical Attendant, or other Person who makes this Return.

Address Dr: Charles Koerner nro 214 S Bond Str:

Remarks

RETURN OF A BIRTH.

144583

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Hebrew - White
3. *Date of Birth* January 1st 1879
4. *Place of Birth (Street and Number)* 14 E. Eutaw
5. *Full Name of Mother* Henrietta Lamphreimer
6. *Mother's Maiden Name* Henrietta Bachrach
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Maurice Lamphreimer
9. *Father's Occupation* Druggist (Wholesale)
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Blazett

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assis
advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

Ave 44584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Name: Richard Talbot Benner

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American (U.S.)
3. Date of Birth Jany 2d 1879
4. Place of Birth (Street and Number) Wilkens ave No 25
5. Full Name of Mother Emma J. Benner
6. Mother's Maiden Name " " Dill
7. Mother's Birthplace Frederick City, Md
8. Full Name of Father Francis Benner
9. Father's Occupation Clerk B&O RR Co
10. Father's Birthplace Kerry Co, Ireland

Name of Medical Attendant, or other Person who makes this Return. Joseph E. Clagett

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 3
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White - American
3. Date of Birth	January 14th 1879
4. Place of Birth (Street and Number)	42 Sterritt St
5. Full Name of Mother	Margaret A Patterson
6. Mother's Maiden Name	" " Hoddnott
7. Mother's Birthplace	Loudon Co Va
8. Full Name of Father	Oscar D. Patterson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Jefferson Co Va
Name of Medical Attendant, or other Person who makes this Return.	Joseph E. Clagett
Address	18 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimo

That any physician, accoucheur, midwife, or other person in charge, who shall attend, ass
advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 13 1880
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 5

1. *Sex (state whether Male or Female).* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 15 1879
4. *Place of Birth (Street and Number)* No 10 Hollins St
5. *Full Name of Mother* Frances Frank
6. *Mother's Maiden Name* Frances Katzenberger
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Nisan Frank
9. *Father's Occupation* Cloth Merchant
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Joseph E. Clagett

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Balt.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 26 1879
4. Place of Birth (Street and Number) Hollins St
5. Full Name of Mother Annie R Dulaney
6. Mother's Maiden Name " " Kennedy
7. Mother's Birthplace Balto Md
8. Full Name of Father Henry Dulaney
9. Father's Occupation Book Keeper (Clerk)
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett Md

Address 18 S. Eutaw St

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assis... advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1880
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Hebrew - White
3. *Date of Birth*	Feby 27th 1879
4. *Place of Birth* (Street and Number)	62 N Paca
5. *Full Name of Mother*	Henrietta Frank
6. *Mother's Maiden Name*	" Wallet
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Alexander Frank
9. *Father's Occupation*	Banker
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Jos: E. Blaquiere
Address	18 South Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi... advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1880
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Hebrew – White
3. Date of Birth	March 5th 1879
4. Place of Birth (Street and Number)	93 N. Gay st
5. Full Name of Mother	Francis Wolfe
6. Mother's Maiden Name	a Behrens
7. Mother's Birthplace	93 N. Gay
8. Full Name of Father	Solomon David Wolfe MD
9. Father's Occupation	Clerk
10. Father's Birthplace	Cincinnati Ohio
Name of Medical Attendant, or other Person who makes this Return.	Joseph E. Chaffee
Address	18 S. Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assis... advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44590

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Mch 14th 1879
4. Place of Birth (Street and Number) 176 Lafayette ave
5. Full Name of Mother Caroline Milkiewitz
6. Mother's Maiden Name Caroline Lester
7. Mother's Birthplace Rochester N. Y.
8. Full Name of Father Eugene Milkiewitz
9. Father's Occupation None
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett MD

Address 18 S. Entaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Hebrew - White
3. Date of Birth Apl 25th 1879
4. Place of Birth (Street and Number) 211 W. Lombard St
5. Full Name of Mother Louisa Brag
6. Mother's Maiden Name " Rosenbaum
7. Mother's Birthplace Marysville, Cal.
8. Full Name of Father Aaron Brag
9. Father's Occupation Furniture Dealer
10. Father's Birthplace Balto City Md

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett

Address 18 S. Eutaw St.

Remarks 7 months baby.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assis advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~Hebrew~~ — White. American
3. Date of Birth April 28 1879
4. Place of Birth (Street and Number) 245 ~~Saratoga~~ St
5. Full Name of Mother Ada Marchant
6. Mother's Maiden Name Ada Lion
7. Mother's Birthplace Petersburg Va
8. Full Name of Father A. Washington Marchant
9. Father's Occupation Carpenter
10. Father's Birthplace Matthews Co Va

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett

Address 18 S. Eutaw St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi... advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14593

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21st 1879
4. *Place of Birth (Street and Number)* 320 W. Lombard St.
5. *Full Name of Mother* Florence W. Wehner
6. *Mother's Maiden Name* Jenkins.
7. *Mother's Birthplace* Balto County Md.
8. *Full Name of Father* Henry W. Wehner
9. *Father's Occupation* Physician
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. H. W. Wehner M.D.

Address 320 W. Lombard St.

Remarks Child in healthy Condition

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

144594

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6 1879
4. Place of Birth (Street and Number)	14 N Entaw st
5. Full Name of Mother	Laura Mohler
6. Mother's Maiden Name	Laura Lyle
7. Mother's Birthplace	Va
8. Full Name of Father	David Mohler
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	Jos: E. Blagette MD
Address	18 S. Entaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi
advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 17th 1879.
4. Place of Birth (Street and Number)	70 Parkin st.
5. Full Name of Mother	Mary E. Watts
6. Mother's Maiden Name	Kayser
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Jno. W. Watts
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webner M.D.
Address	298 W. Lombard st.
Remarks	Child is apparently in healthy condition

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 28th 1879
4. *Place of Birth (Street and Number)* 151 Sarah st.
5. *Full Name of Mother* Eliza J. Cromwell
6. *Mother's Maiden Name* Hood
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Cromwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webner MD

Address 295 W. Lombard st

Remarks Child Healthy

44597

duplicate see A 33948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Birth

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth September 30th 1879 5+30 P.M.
4. Place of Birth (Street and Number) ~~[illegible]~~ 168 N. Carey Pl
5. Full Name of Mother Mary E. Stewart
6. Mother's Maiden Name nee Bond
7. Mother's Birthplace Baltimore City
8. Full Name of Father John M. Stewart
9. Father's Occupation Phaccanist
10. Father's Birthplace Ireland; Tyrone Co.

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle M.D.

Address 74 N. Poca St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 18th 1879.
4. Place of Birth (Street and Number) 70½ Columbia ave
5. Full Name of Mother Adelade Winternitz
6. Mother's Maiden Name " Frankenstein
7. Mother's Birthplace Belefeild, Westphalia Germany
8. Full Name of Father David Winternitz
9. Father's Occupation Merchant
10. Father's Birthplace Deschna, Bohemia, Austria

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett MD

Address 18 S. Eutaw St

Remarks 1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

144599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d confinement Twins
1. *Sex* (state whether Male or Female)	Boy + girl
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 23d 1879
4. *Place of Birth* (Street and Number)	245 Saratoga
5. *Full Name of Mother*	Nannie Bayne Curtis
6. *Mother's Maiden Name*	" " Marchant
7. *Mother's Birthplace*	Matthews Co Va
8. *Full Name of Father*	George Robert Curtis
9. *Father's Occupation*	Box making
10. *Father's Birthplace*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Joseph E. Clagett M.D
Address	18 South Eutaw St
Remarks	Boy weighed 10 lbs - girl 8½ pounds. both doing well - Mother also.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi... advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 22 1880

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 24 1879
4. Place of Birth (Street and Number)	69 Sharp st
5. Full Name of Mother	Mary Taylor
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Taylor
9. Father's Occupation	Brakesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm G Knowles
Address	312 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, o advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 4th 1879
4. *Place of Birth (Street and Number)* N: 15 Perry Street
5. *Full Name of Mother* Margaret Lang
6. *Mother's Maiden Name* Ellerthorpe
7. *Mother's Birthplace* England
8. *Full Name of Father* Chas E. Lang
9. *Father's Occupation* clerk
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer

Address 165 W. Lombard

Remarks

HEALTH DEPT JUN 1 1880 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* December 24th 1879

4. *Place of Birth (Street and Number)* 192 north Eutaw

5. *Full Name of Mother* Lelia Kilpatrick Lee

6. *Mother's Maiden Name* Lelia Kilpatrick

7. *Mother's Birthplace* Cuba

8. *Full Name of Father* Joseph Lee

9. *Father's Occupation* Commission merchant

10. *Father's Birthplace* Camden S. Carolina

Name of Medical Attendant, or other Person who makes this Return. Dr W. J. Howard

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1. 1880
4. Place of Birth (Street and Number)	# 169 E. Pratt St.
5. Full Name of Mother	Mary Alice Kaiser
6. Mother's Maiden Name	" Mitchell
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	John George Kaiser
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Nartman M.D.
Address	# 305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44-604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth January 1st 1880.

4. Place of Birth (Street and Number) Baltimore Md. #123 N Broadway

5. Full Name of Mother Mary E. Kirby

6. Mother's Maiden Name " " Thelan

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Benjamin F. Kirby

9. Father's Occupation Marines

10. Father's Birthplace Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. J. Miles Md.

Address 24 Cottonwood St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1880
4. Place of Birth (Street and Number)	384 Eutaw Place Baltimore Md
5. Full Name of Mother	Elizabeth Ann Knell
6. Mother's Maiden Name	Elizabeth Ann Hutson
7. Mother's Birthplace	Maple Gove Allegany Co Md
8. Full Name of Father	Cornelius Milton Knell
9. Father's Occupation	Clerk
10. Father's Birthplace	Fairmont Marion Co West Va
Name of Medical Attendant, or other Person who makes this Return.	F. T. Wiles, M. D.
Address	24 Cathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 5th 1880
4. Place of Birth (Street and Number)	#354 W Lanvale St
5. Full Name of Mother	Alice V Tyler
6. Mother's Maiden Name	" " Norris
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph E Tyler
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	A Hartman M.D.
Address	#306 N Caroline St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 2

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* January 5, 1880
4. *Place of Birth* (*Street and Number*) 241 W. Monument
5. *Full Name of Mother* M. P. Markoe
6. *Mother's Maiden Name* M. P. Thorpe
7. *Mother's Birthplace* Easton Md
8. *Full Name of Father* Francis Markoe
9. *Father's Occupation* Journalist
10. *Father's Birthplace* Washington D. C

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 6th 1880
4. *Place of Birth, (Street and Number)* Country
5. *Full Name of Mother* Mary Kennedy
6. *Mother's Maiden Name* " Birt
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Kennedy
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno Brooke Boyle M.D.

Address 166 E. Eager st.

Remarks

RETURN OF A BIRTH.

41609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 8th 1880
4. Place of Birth (Street and Number)	Eagle St
5. Full Name of Mother	Mary E J Braddon
6. Mother's Maiden Name	Mary E Glenn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Braddon
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. L Kinemon
Address	73 E Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a
advise at the birth of any child, within the City of Baltimore, shall report to the registrar afores
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

44-610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug. 9 1880
4. *Place of Birth (Street and Number)*	#431 E. Eager St.
5. *Full Name of Mother*	Ida Oriental Edmonston
6. *Mother's Maiden Name*	" " Poe
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Leonidas Hart Edmonston
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hartman M.D.
Address	#305 N. Caroline St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-14-611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 13. 1880
4. Place of Birth (Street and Number)	# 314 N. Bond St.
5. Full Name of Mother	Sarah Eliz^th. Church
6. Mother's Maiden Name	" " Fountain
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Levi D. Church
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Nastrand M.D.
Address	# 306 N Caroline St.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 211619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14th January
4. *Place of Birth, (Street and Number)* 5 Constitution St.
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 11th 1880
4. Place of Birth (Street and Number) No. 205 E. Gough St.
5. Full Name of Mother Mary Kershaw
6. Mother's Maiden Name P. Johnson
7. Mother's Birthplace Charles Co
8. Full Name of Father John Kershaw
9. Father's Occupation Sea Captain
10. Father's Birthplace Calvert Co

Name of Medical Attendant, or other Person who makes this Return. Dr. Adler

Address 244 E. Gough St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, o advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 16 1880
4. Place of Birth (Street and Number) 308 W Lombard St
5. Full Name of Mother Elizabeth Strouse ~~Pennington~~ (Strouse)
6. Mother's Maiden Name E. Cohen
7. Mother's Birthplace Cleaveland Ohio.
8. Full Name of Father Benjamin Strouse
9. Father's Occupation Cloth Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Joseph E. Clagett Mtr

Address 18 S. Eutaw St.

Remarks

RETURN OF A BIRTH.

114615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 13 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Janry 17 1880
4. Place of Birth (Street and Number)	(No 18) Monument
5. Full Name of Mother	Susan Hutchins
6. Mother's Maiden Name	S. Bolitier
7. Mother's Birthplace	Washington Co Md
8. Full Name of Father	Willington Hutchins
9. Father's Occupation	Salesman
10. Father's Birthplace	N. York
Name of Medical Attendant, or other Person who makes this Return.	Dr: E. Blagett MD
Address	18 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH,

11116116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or a... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 21st 80
4. *Place of Birth, (Street and Number)* Wilcox Pl.
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* John Burlage
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address

Remarks

RETURN OF A BIRTH

11 11617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21. 1880
4. *Place of Birth, (Street and Number)*	#136 E. Madison St.
5. *Full Name of Mother,*	Nellie D. Evans
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	G. Harry Evans
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address,	#305 N. Carolina St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

4-A-618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 22d 1880
4. Place of Birth (Street and Number) 56 Columbia Ave
5. Full Name of Mother Virginia ~~Hechinger~~
6. Mother's Maiden Name " Winternitz
7. Mother's Birthplace Unity, Montgomery Co Md.
8. Full Name of Father Ferdinand Hechinger
9. Father's Occupation Clothier
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Joseph E. Clagett Md

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, o advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 22nd 1881
4. Place of Birth (Street and Number) No 366 E Pratt St
5. Full Name of Mother Isabella Woolford
6. Mother's Maiden Name Winchester
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Woolford
9. Father's Occupation Coal Merchant
10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Dr. Cyrillo

Address 244 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th January 1880
4. Place of Birth (Street and Number)	No 245 Mc Culloh st
5. Full Name of Mother	Eliza Durham Hazlehurst
6. Mother's Maiden Name	Eliza Vanderwoort
7. Mother's Birthplace	New York
8. Full Name of Father	Samuel Hazlehurst Jr
9. Father's Occupation	Merchant Miller & Commission Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. F. Miles, M.D.
Address	24 Cathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11-11-621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
29
1880
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da[illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 27th 80
4. *Place of Birth, (Street and Number)*	75 Harford Ave.
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Henry
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John Kelley
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Brooke Boyle
Address	
Remarks	

44622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 31, 1880
4. *Place of Birth (Street and Number)*	628 W. Lombard
5. *Full Name of Mother*	Mollie E. Ferry
6. *Mother's Maiden Name*	Adams
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John W. Ferry
9. *Father's Occupation*	Telegraph Operator
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this return	John Hood
Address	2 N. Carey St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist o advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

144623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

Perfect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 1st 1880
4. Place of Birth (Street and Number)	3940 Eutaw pl
5. Full Name of Mother	Mrs ——— Heiney
6. Mother's Maiden Name	
7. Mother's Birthplace	B. C.
8. Full Name of Father	George Heiney
9 Father's Occupation	Glass Blower
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill M.D.
Address	119 Edmondson ave.
Remarks	

RETURN OF A BIRTH

111624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st Feby. 80
4. *Place of Birth, (Street and Number)* 88 Division St.
5. *Full Name of Mother,* Emily J. Giles
6. *Mother's Maiden Name,* Owings
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward N. Giles
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings

Address, 274 Madison Ave

Remarks,

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

44625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 21 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Feb 1st 1880
4. *Place of Birth (Street and Number)* Central ave N 88
5. *Full Name of Mother* Kate Mitchell
6. *Mother's Maiden Name* " Bauer
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Joshua Mitchell
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mr R. Ullig

Address 48 Holland St

Remarks

Fee Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 2nd 1881

4. Place of Birth (Street and Number) No. 104 S. Chester St.

5. Full Name of Mother Johanna Bishop

6. Mother's Maiden Name Knight

7. Mother's Birthplace Balti. City

8. Full Name of Father William J. Bishop

9. Father's Occupation

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 244 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.4627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th. "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 3. 1880
4. Place of Birth (Street and Number)	#153 East St.
5. Full Name of Mother	Martha Rebecca Watson
6. Mother's Maiden Name	" " Coleman
7. Mother's Birthplace	Kent Co. Md
8. Full Name of Father	James Watson
9. Father's Occupation	Wood-worker
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Wastman M.D.
Address	#305 N Caroline St
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

11628

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 4th 1880
4. Place of Birth, (Street and Number) 161 Sterling Pl.
5. Full Name of Mother Josephine Brown
6. Mother's Maiden Name "
7. Mother's Birthplace Maryland
8. Full Name of Father Dont Know
9. Father's Occupation "
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address

Remarks

RETURN OF A BIRTH

44629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th February 1880
4. *Place of Birth, (Street and Number)* 387 Madison Ave
5. *Full Name of Mother,* Lulu S. Ensey
6. *Mother's Maiden Name,* Love
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Lot Ensey
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. W. W. Oings

Address, 274 Madison Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44-630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 8, 1880 ~~9 Sterrit St~~
4. Place of Birth (Street and Number) 9 Sterrit St
5. Full Name of Mother Mrs — Michael
6. Mother's Maiden Name ——
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Albert Michael
9. Father's Occupation Harness Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill M.D.

Address 119 Edmondson Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimo...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a... advise at the birth of any child within the City of Baltimore, shall report to the registrar afore... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children... born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

44631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* Feb 8 1880
4. *Place of Birth (Street and Number)* Eden St # 14½
5. *Full Name of Mother* Theresa Sachs
6. *Mother's Maiden Name* " Field
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Nathan Sachs
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Uhlig

Address 48 Holland St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ad[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

No. 11633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 9. 1880
4. *Place of Birth, (Street and Number)*	# 24 E. Hoffman St.
5. *Full Name of Mother,*	Mary Louisa McClanahan
6. *Mother's Maiden Name,*	" Lowenstein
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Clinton Whyte McClanahan
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 9th February
4. *Place of Birth, (Street and Number)* 39 Gordon st.
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Joseph Yeakel
9. *Father's Occupation* Turner
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address

Remarks

44634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 10th 1880

4. Place of Birth (Street and Number) No 148 S. Chapstant St

5. Full Name of Mother A Horstman

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father James Horstman

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 244 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 11. 1880
4. *Place of Birth, (Street and Number)*	# 204 E. Eager St
5. *Full Name of Mother,*	Lydia Allard
6. *Mother's Maiden Name,*	" Mooy
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Wm Hy. Harrison Allard
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. A. Hartman M.D.
Address,	# 305 N. Caroline
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 16th 1880
4. Place of Birth (Street and Number)	56 N Whotcoat
5. Full Name of Mother	Mary Marty
6. Mother's Maiden Name	" Arnold
7. Mother's Birthplace	Emmitsburg Md
8. Full Name of Father	Peter J Marty
9. Father's Occupation	R.R. Conductor.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W.D. Booker. MD.
Address	152 Madison St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114-637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1899 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ad... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th February 1899
4. *Place of Birth (Street and Number)* 172 Linden Ave
5. *Full Name of Mother* Mrs Corinne Duclaux
6. *Mother's Maiden Name* Mrs Corinne Susan Duclaux
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Wm W. Duclaux
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Norfolk Virginia

Name of Medical Attendant or other Person who makes this Return. Dr. Wm B. Duclaux

Address 258 N. Howard

Remarks Healthy child

Wm B Duclaux M.D.

RETURN OF A BIRTH

111638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 18. 1880

4. *Place of Birth, (Street and Number)* # 25 S. Exeter st.

5. *Full Name of Mother,* Bell M. Elroy

6. *Mother's Maiden Name,* " Writzell

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Robt. J. M. Elroy

9. *Father's Occupation,* Compounder of Liquors

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, # 305 N. Caroline st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 20. 1880
4. *Place of Birth, (Street and Number)*	# 305 — E. Pratt St.
5. *Full Name of Mother,*	Anne Eliz^th. Myers
6. *Mother's Maiden Name,*	" " Towne
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Charles Richard Myers
9. *Father's Occupation,*	Chicago — Ill. Merchant
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 — N Caroline St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11461-0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st.
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Feb. 20. 1880
4. *Place of Birth,* (*Street and Number*)	# 270 E. John st.
5. *Full Name of Mother,*	Annie E. Anthony
6. *Mother's Maiden Name,*	" " Doelle
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Samuel Parker Anthony
9. *Father's Occupation,*	Candy Manufacturer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 5 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 21. 1880

4. *Place of Birth, (Street and Number)* # 291 N. Eden St.

5. *Full Name of Mother,* Mary Amanda Elliott

6. *Mother's Maiden Name,* " " Jenney

7. *Mother's Birthplace,* Harford Co. Md.

8. *Full Name of Father,* Charles Meredith Elliott

9. *Father's Occupation,* Teacher

10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, # 305 N. Caroline St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4116192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 22. 1880
4. *Place of Birth, (Street and Number)*	# 61 Chew St.
5. *Full Name of Mother,*	Mary Ida Hart
6. *Mother's Maiden Name,*	Barrow
7. *Mother's Birthplace,*	Wash^n D.C.
8. *Full Name of Father,*	Jno. Adolphus Hart
9. *Father's Occupation,*	Coach-Painter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11-11-6143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	* Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 22. 1880
4. *Place of Birth, (Street and Number)*	* 175 Sterling St.
5. *Full Name of Mother,*	Henrietta Wise
6. *Mother's Maiden Name,*	" Abel
7. *Mother's Birthplace,*	York. Pa.
8. *Full Name of Father,*	Ferdinand Wise
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Bath. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	* 305 N. Caroline St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1114611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Feb 22nd 1880
4. *Place of Birth (Street and Number)* Federal St # 6
5. *Full Name of Mother* Maggie Miller
6. *Mother's Maiden Name* " Feist
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* George Miller
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm R. Clay

Address 458 Holland St

Remarks

RETURN OF A BIRTH.

144145

HEALTH DEPARTMENT
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 23 1880
4. *Place of Birth (Street and Number)*	125 So. A St
5. *Full Name of Mother*	Irene V. Carter
6. *Mother's Maiden Name*	Lipps
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Edwd. J. Carter
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this return	John Hood
Address	2 N. Ware
Remarks	Fine baby

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

1446446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* Feb 24th 1880
4. *Place of Birth (Street and Number)* Federal St n y
5. *Full Name of Mother* Mary Hoeneman
6. *Mother's Maiden Name* Ludwig
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Herman Hoeneman
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm R. Ulbig

Address 48 Holland St

Remarks

RETURN OF A BIRTH.

11-11-6-14-7

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color (if ~~not of the~~ white race)* W.
3. *Date of Birth* Feb 25th 1880
4. *Place of Birth (Street and Number)* May St # 2
5. *Full Name of Mother* Christina Miller
6. *Mother's Maiden Name* " Sachs
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* George Miller
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm R. Ellis

Address 48 Holland st

Remarks

44648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 26, 1880
4. *Place of Birth (Street and Number)*	119 S. Stricker st
5. *Full Name of Mother*	Annie M. Strube
6. *Mother's Maiden Name*	Doherty
7. *Mother's Birthplace*	Richmond Va
8. *Full Name of Father*	Daniel F. Strube
9. *Father's Occupation*	Engineer Steam hammer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	John Hood
Address	2 N. Carey st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female).	male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26 1880
4. Place of Birth (Street and Number)	264 E. Lombard
5. Full Name of Mother	Mary V. Bowling
6. Mother's Maiden Name	Mary Vaughan
7. Mother's Birthplace	B. C.
8. Full Name of Father	Joseph Bowling
9. Father's Occupation	mariner
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	J. Haney Hill M.D.
Address	119 Edmondson Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

44650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 26 1880
4. *Place of Birth, (Street and Number)*	# 196 N. Calhoun St.
5. *Full Name of Mother,*	Olive T. Slater
6. *Mother's Maiden Name,*	" " Thorey
7. *Mother's Birthplace,*	West Troy N. Y.
8. *Full Name of Father,*	Geo. T. Slater
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

111651

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* Feb 27th 1880
4. *Place of Birth (Street and Number)* Odeon St # 35
5. *Full Name of Mother* Emilia Mayer
6. *Mother's Maiden Name* Simon
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Adolph Mayer
9. *Father's Occupation* Segar Dr
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm R. Alley

Address 45 Holland St

Remarks

RETURN OF A BIRTH.

11465?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* June 28th 1880 ✓
4. *Place of Birth (Street and Number)* Eden St 92 ✓
5. *Full Name of Mother* Hannah Jacobi ✓
6. *Mother's Maiden Name* " Ehrlich ✓
7. *Mother's Birthplace* Balto Md ✓
8. *Full Name of Father* Emanuel Jacobi ✓
9. *Father's Occupation* Clerk ✓
10. *Father's Birthplace* Balto Md ✓

Name of Medical Attendant, or other Person who makes this Return. Wm R. Tillay ✓

Address 48 Holland St

Remarks

RETURN OF A BIRTH

11653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th February 1880
4. *Place of Birth, (Street and Number)*	187 W. Fayette St.
5. *Full Name of Mother,*	Julia M. Tyler
6. *Mother's Maiden Name,*	Rivers
7. *Mother's Birthplace,*	Georgia
8. *Full Name of Father,*	Frank K. Tyler
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	H. W. Bivings
Address,	274 Madison Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14-11-6511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 26 1880
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	White Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2d March 1880
4. *Place of Birth, (Street and Number)*	McMechen St.
5. *Full Name of Mother,*	Reisinger
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Reisinger
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	W. W. Owings
Address,	274 Madison Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still-born or not, the full name, nativity, and residenc of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

111655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1 1889 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or a... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six d... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

1. *Sex* (state whether male or female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 5th 2.50 P.M. Girl
4. *Place of Birth* (Street and Number) 295 E. Baltimore St.
5. *Full Name of Mother* Amanda Reed
6. *Mother's Maiden Name* Amanda Burke
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry Reed
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Jno. C. Donnelly M.D.

Address 299 E Baltimore St.

Remarks

RETURN OF A BIRTH. 4-01-656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a
advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1880
4. Place of Birth (Street and Number)	N. W. Cor. Bond & Balto. Sts
5. Full Name of Mother	Sarah E. Steele
6. Mother's Maiden Name	Sarah E. Ayer
7. Mother's Birthplace	Middlesex Co. Va.
8. Full Name of Father	Willit T. Steele
9. Father's Occupation	Seaman
10. Father's Birthplace	Long Island N. Y.
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Kinnemon
Address	736 Bank St
Remarks	

44657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* March 6th 1880
4. *Place of Birth (Street and Number)* Harford ave 448
5. *Full Name of Mother* Lizzie Schall
6. *Mother's Maiden Name* " Worth
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Fred Schall
9. *Father's Occupation* Swiss
10. *Father's Birthplace* Tanner

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address 48 Holland St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or a[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44658

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* March 6th 1880
4. *Place of Birth (Street and Number)* Stirling St 195
5. *Full Name of Mother* Lizzie Putans
6. *Mother's Maiden Name* " Rippel
7. *Mother's Birthplace* " Sachsen
8. *Full Name of Father* Louis Putans
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullrig

Address 48 Holland St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 8th 1880
4. *Place of Birth (Street and Number)* Low St 94
5. *Full Name of Mother* Jennie Marcks
6. *Mother's Maiden Name* Schiller
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Wolf Marcks
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullwig

Address 48 Holland St

Remarks

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ad[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six day[illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

44660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend
advise at the birth of any child within the City of Baltimore, shall report to the registrar
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or chi
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 10th 1880
4. Place of Birth (Street and Number)	Franck ave.
5. Full Name of Mother	Helen V. Lambert
6. Mother's Maiden Name	Vaughan
7. Mother's Birthplace	D. C.
8. Full Name of Father	James Lambert
9. Father's Occupation	Clerk - B & O. Express
10. Father's Birthplace	D. C.
Name of Medical Attendant, or other Person who makes this Return.	D Harvey Hill md
Address	119 Edmondson ave
Remarks	

RETURN OF A BIRTH

11-4661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th March 1880
4. *Place of Birth, (Street and Number)* 30 Wilson Street
5. *Full Name of Mother,* S. E. Johnson
6. *Mother's Maiden Name,* Catcart
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas Johnson
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. W. Cummings

Address, 274 Madison Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

114622

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* March 12th 1880
4. *Place of Birth (Street and Number)* Centre ave 52
5. *Full Name of Mother* Mary Betz
6. *Mother's Maiden Name* " Kuon
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Charles Betz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ellis

Address 48 Holland St

Remarks

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ad... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 ~

1. *Sex* (state whether male or female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 16 ~ 1880 2 ½ M.
4. *Place of Birth* (Street and Number) 32 Fair Mt Ave
5. *Full Name of Mother* Louisa Peace
6. *Mother's Maiden Name* Louisa Mears
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Henry Daniel Peace
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Jane E. Donnelly M.D.

Address 299 E Baltimore Street

Remarks

RETURN OF A BIRTH

14-6611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 5. 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17. 1880
4. *Place of Birth, (Street and Number)*	# 265 N. Central Av.
5. *Full Name of Mother,*	Olivia Jane Kirby
6. *Mother's Maiden Name,*	" " McComas
7. *Mother's Birthplace,*	Harford Co. Md.
8. *Full Name of Father,*	Richard H. Kirby
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

14665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 17th 1880
4. *Place of Birth (Street and Number)* Mr Elderg St 1
5. *Full Name of Mother* Ida Gleeson
6. *Mother's Maiden Name* " Lyle
7. *Mother's Birthplace* Bala Md
8. *Full Name of Father* Patrick Gleeson
9. *Father's Occupation* Second hand deal
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. B. Elleg

Address 48 Holland St

Remarks

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

44666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 19th 1880
4. *Place of Birth (Street and Number)* Pratt St 295
5. *Full Name of Mother* Dave Knopp
6. *Mother's Maiden Name* " Reinhold
7. *Mother's Birthplace* Kurhess
8. *Full Name of Father* John Knopp
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address 48 Collard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

...ations of the Board of Health to secure a full an...
...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, ... advise at the birth of any child within the City of Baltimore, shall report to the registrar ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or ... born, its or their physical condition, whether still born or not, the full name, nativity, and ... of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st March / 80
4. Place of Birth (Street and Number)	499 Ellenwood
5. Full Name of Mother	Mary Roeder
6. Mother's Maiden Name	Mary Bensch
7. Mother's Birthplace	Philada Pa
8. Full Name of Father	Adolph Roeder
9. Father's Occupation	Minister
10. Father's Birthplace	German
Name of Medical Attendant, or other Person who makes this Return.	Mo...
Address	
Remarks	

44668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 22d 1880
4. Place of Birth (Street and Number) S. W. Cor. Pratt & Schroeder Sts
5. Full Name of Mother Theresa Jordan
6. Mother's Maiden Name " Dames
7. Mother's Birthplace Baltimore
8. Full Name of Father James Jordan
9. Father's Occupation Horse Collar Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. H. Wiener M.D.

Address 298 W Lombard st.

Remarks Child Healthy

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

male 22

RETURN OF A BIRTH.

44669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 22nd 1880
4. Place of Birth (Street and Number)	368 Franklin Street Baltimore
5. Full Name of Mother	Eusebia E Holscher
6. Mother's Maiden Name	Eusebia Isabella Beecher
7. Mother's Birthplace	Havre de Grace Md
8. Full Name of Father	Otto Holscher
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Nienburg Germany
Name of Medical Attendant, or other Person who makes this Return.	E Ridgely Baer
Address	142 Bolton St
Remarks	1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or a
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six da
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden
name of the mother of such child or children.

RETURN OF A BIRTH.

114671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd. 10 A.M. 1880
4. *Place of Birth (Street and Number)* 1 E. Square
5. *Full Name of Mother* Jennie Roberta McKee
6. *Mother's Maiden Name* Jennie E. Bondel
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* James Harker McKee
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. James C. Donnelly M.D.

Address 997 E. Balto St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

411672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* March 25th 1880
4. *Place of Birth (Street and Number)* Eutaw St 135
5. *Full Name of Mother* Emma Iannini
6. *Mother's Maiden Name* " Kummer
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Charles Iannini
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Illig

Address 118 Holland

Remarks

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden
name of the mother of such child or children.

RETURN OF A BIRTH.

44672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color (if ~~not of the~~ white race)*
3. *Date of Birth* March 25th 1880
4. *Place of Birth (Street and Number)* Eutaw St 135
5. *Full Name of Mother* Emma Annini
6. *Mother's Maiden Name* " Kummer
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Charles Annini
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ellis

Address 158 Holland

Remarks

RETURN OF A BIRTH

411673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch. 26. 1880
4. *Place of Birth, (Street and Number)*	# 265 N. Eden St.
5. *Full Name of Mother,*	Frances Isabella Garriott
6. *Mother's Maiden Name,*	" " Royse
7. *Mother's Birthplace,*	Clermont Co. Ohio
8. *Full Name of Father,*	Charles Oscar Garriott
9. *Father's Occupation,*	Tuner & Repairer of Musical instruments
10. *Father's Birthplace,*	Olford. Ohio
Name of Medical Attendant, or other Person who makes this Return.	Geo A Norman M.D.
Address,	# 305 N Caroline St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as
dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4-4-6711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 30th 1880
4. Place of Birth (Street and Number) — Columbia Avenue
5. Full Name of Mother Ellen S. Decker
6. Mother's Maiden Name Hemrickle
7. Mother's Birthplace Baltimore
8. Full Name of Father John Decker
9. Father's Occupation Junk Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Webner MD.

Address 298 W. Lombard St.

Remarks Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall atten
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4 1880
4. *Place of Birth, (Street and Number)*	# 179 E. Madison st.
5. *Full Name of Mother,*	Annie Bell McCauley
6. *Mother's Maiden Name,*	Baldwin
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	Wm Henry McCauley
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline st.
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 19. 1880
4. *Place of Birth, (Street and Number)*	#225 N. Caroline St.
5. *Full Name of Mother,*	Annie Mary) Christine Aurelia Werner
6. *Mother's Maiden Name,*	" " " Schnapf
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George Martin Werner
9. *Father's Occupation,*	Compounder Rectifier & Liquors
10. *Father's Birthplace,*	Salem New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Wastman M.D.
Address,	#305 N. Caroline St.
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as
dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl. 29. 1880
4. *Place of Birth, (Street and Number)*	# 103 N. Broadway
5. *Full Name of Mother,*	Alvina Price Nolley day
6. *Mother's Maiden Name,*	" Chamberlain
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	George Leighman Nolley day
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Kent Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

...that any Physician, accoucheur, midwife, or other person in charge, who shall attend, as... ...wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... ...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence ...of the parents, and the maiden name of the mother of such child or children.

...PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20. 1880
4. *Place of Birth, (Street and Number)*	# 54 N. Liberty St.
5. *Full Name of Mother,*	Margaret J. Ferree
6. *Mother's Maiden Name,*	" " Kidd
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Conrad S. Ferree
9. *Father's Occupation,*	Proprietor of Turkish Baths
10. *Father's Birthplace,*	Albany N. Y.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman Md.
Address,	# 305 N Caroline St.
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as... wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nationality, and residence of the parents, and the maiden name of the mother of such child or children.

...L, PIET, PRINTER & STATIONER, BALT.

44679

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20. 1880
4. *Place of Birth, (Street and Number)*	# 273 E. Monument St.
5. *Full Name of Mother,*	Henrietta Lida Maxfield
6. *Mother's Maiden Name,*	" " Mason
7. *Mother's Birthplace,*	Pittsburg. Pa.
8. *Full Name of Father,*	William Stewart Maxfield
9. *Father's Occupation,*	Morocco Dresser
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

...That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as... ...dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

111680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3. 1880
4. *Place of Birth, (Street and Number)*	# 523 Hollins St.
5. *Full Name of Mother,*	Mary L. Stoddard
6. *Mother's Maiden Name,*	" " Harris
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Fred K. H. Stoddard
9. *Father's Occupation,*	Car Conductor
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	#305 N Carolina St.
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...B. PIET, PRINTER & STATIONER, BALT.

44681

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10. 1880
4. *Place of Birth, (Street and Number)* # 39 Jackson Sq.
5. *Full Name of Mother,* Sarah Catherine Pontier
6. *Mother's Maiden Name,* " " Heesh
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Lamartine Pontier
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Geo A. Hartman M.D.

Address, # 305 N. Caroline St.

Remarks,

...That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... ...vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12. 1880
4. *Place of Birth, (Street and Number)* # 96 E. Hoffman St
5. *Full Name of Mother,* Lucia M. Gluck
6. *Mother's Maiden Name,* " " Lawson
7. *Mother's Birthplace,* New York N.Y.
8. *Full Name of Father,* Wm. J. H. Gluck
9. *Father's Occupation,* Stove & tin ware Dealer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, # 306 N. Caroline St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, as... wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16. 1880
4. *Place of Birth, (Street and Number)*	#81 N. High St.
5. *Full Name of Mother,*	Isabella V. Hall
6. *Mother's Maiden Name,*	" " Kirby
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Orrell V. Hall
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Talbot Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. Hartman M.D.
Address,	#305 N. Caroline St.
Remarks,	

...N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15. 1880
4. *Place of Birth, (Street and Number)* 399 E. Chase St.
5. *Full Name of Mother,* Mary Rebecca Trall Watts
6. *Mother's Maiden Name,* " " Hanrisen
7. *Mother's Birthplace,* Philadelphia, Penn a.
8. *Full Name of Father,* John Watts
9. *Father's Occupation,* Minister of Gospel
10. *Father's Birthplace,* Norfolk, Va.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, #305 N. Caroline St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...HN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

111685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	July 21. 1880
4. *Place of Birth,* (Street and Number)	* 304 N. Ann St.
5. *Full Name of Mother,*	Wilhelmina Schmitzler
6. *Mother's Maiden Name,*	" Bird
7. *Mother's Birthplace,*	Düsseldorf, Prussia
8. *Full Name of Father,*	Paul Schmitzler
9. *Father's Occupation,*	Artist
10. *Father's Birthplace,*	Düsseldorf, Prussia
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	* 305 N. Caroline St.
Remarks,	

that any Physician, accoucheur, midwife, or other person in charge, who shall attend, ass
ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 104-686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27. 1880
4. *Place of Birth, (Street and Number)*	303 N Caroline St.
5. *Full Name of Mother,*	Elizabeth F. Nattans
6. *Mother's Maiden Name,*	" " Friedenstricker
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Edward A. Nattans
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Nattans M.D.
Address,	303 N Caroline St.
Remarks,	

...hat any Physician, accoucheur, midwife, or other person in charge, who shall attend, as... ...rwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa... ...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence ...of the parents, and the maiden name of the mother of such child or children.

...N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

111687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	3rd.
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	July 31. 1880
4. *Place of Birth,* (*Street and Number*)	S. W. cor. John & Bond Sts.
5. *Full Name of Mother,*	Emily L. McCubbin
6. *Mother's Maiden Name,*	" " Hall
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Geo. D. McCubbin
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address,	# 305 N. Caroline St.
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

114688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7 1981
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3rd 1880
4. Place of Birth (Street and Number)	185 N. Eutaw St.
5. Full Name of Mother	Cornelia S. Holbrook
6. Mother's Maiden Name	" " Gordon
7. Mother's Birthplace	New Haven Conn.
8. Full Name of Father	Edward H. Holbrook
9. Father's Occupation	Physician
10. Father's Birthplace	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Edward H. Holbrook M.D.
Address	185 N. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 14689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 15. 1880
4. *Place of Birth, (Street and Number)*	* 308 E. Chase st.
5. *Full Name of Mother,*	Kate O'Brien
6. *Mother's Maiden Name,*	" McCarthy
7. *Mother's Birthplace,*	Kerry Co. Ireland
8. *Full Name of Father,*	William J. O'Brien
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Hartman M.D.
Address,	* 305 N. Caroline St.
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

114690

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 24, 1880.
4. *Place of Birth (Street and Number)* 58 Ridgely St.
5. *Full Name of Mother* Mary E. Lively
6. *Mother's Maiden Name* " E " Baughman
7. *Mother's Birthplace*
8. *Full Name of Father* Samuel D. Lively
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return. Edward H. Hollbrook M.D.

Address 185 N. Carey St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

144690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 24, 1880 -
4. Place of Birth (Street and Number)	59 Ridgley St.
5. Full Name of Mother	Mary E. Lively
6. Mother's Maiden Name	" " Boughman
7. Mother's Birthplace	
8. Full Name of Father	Samuel D. Lively
9. Father's Occupation	Painter
10. Father's Birthplace	Richmond, Va.
Name of Medical Attendant, or other Person who makes this Return.	Edward H. Hollbrook, M.D.
Address	185 N. Carey St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
Date of Birth	Jan 1st
Place of Birth (Street and Number)	10 E. Eager St
5. Full Name of Mother	Emma Rogers
6. Mother's Maiden Name	Zelbst
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Albert H Rogers
9. Father's Occupation	Stair Builder
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	R W Meloy M.D.
Address	201 W. Biddle St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44692

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th January
4. *Place of Birth, (Street and Number)* N 1 as Montgomery St
5. *Full Name of Mother,* Kate Storm
6. *Mother's Maiden Name,* Kate Cabrinbard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Storm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Leverhaber

Address, No 1 as West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1st 1881
4. *Place of Birth, (Street and Number)* 52 Rose st
5. *Full Name of Mother,* Anna Gemmer
6. *Mother's Maiden Name,* " Rosenmiller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andres Gemmer
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114694

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1st 1881
4. *Place of Birth, (Street and Number)* 156 S. Register st
5. *Full Name of Mother,* Maggerett Meyer
6. *Mother's Maiden Name,* " Andreas
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Meyer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 1st 1881
4. *Place of Birth, (Street and Number)* 55 N Durham st
5. *Full Name of Mother,* Rose Martin
6. *Mother's Maiden Name,* Rasher
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Patrick Martin
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 1ten Januar
4. *Place of Birth, (Street and Number)* No 265 S. Eden Str
5. *Full Name of Mother,* Sophie Krümer
6. *Mother's Maiden Name,* Sophie Schwarz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Krümer
9. *Father's Occupation,* Cupper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Ranfmann

Address, No 197 S. Dallves Str

Remarks, Hemme

JOHN B. PIET, PRINTER & STATIONER, BALT.

44697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 1st 181
4. *Place of Birth (Street and Number)* 27 canton ave
5. *Full Name of Mother* caty fitler
6. *Mother's Maiden Name* caty beck
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* gorge fitler
9. *Father's Occupation* laborer
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this Return. Rachel n garrett

Address 65 burke st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 1 1881
4. *Place of Birth (Street and Number)* 334 estern ave
5. *Full Name of Mother* magay surelen
6. *Mother's Maiden Name* magay whalen
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* marten surelen
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 65 burke st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 1st 1881
4. *Place of Birth (Street and Number)* 124 Chapel st
5. *Full Name of Mother* mary clark
6. *Mother's Maiden Name* mary connors
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* william clark
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 65 burke st

Remarks

44700

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 3rd 1881

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 1st 1881.
4. *Place of Birth, (Street and Number)* 386 New Alice Ann Street.
5. *Full Name of Mother* Christina Heise.
6. *Mother's Maiden Name* Christina Hagendorn
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Heise
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe St.

Remarks —

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 1st 1881
4. Place of Birth (Street and Number)	306 E. ~~D~~ Monument st.
5. Full Name of Mother	Eliza Jane Carroll
6. Mother's Maiden Name	Wales
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles Martin Carroll
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	C. P. Bons M.D.
Address	406 E. Balto. St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

HEALTH DEPARTMENT JAN 4 1888 BALTIMORE

41702

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 1st. 1888.
4. *Place of Birth, (Street and Number)*	386 Penna. Ave.
5. *Full Name of Mother*	Minnie Kelley
6. *Mother's Maiden Name*	Wehr
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	James Kelley
9. *Father's Occupation*	Fireman B. C. Fire Dept.
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

44703

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 1st 1881.
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Mollie Parker.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Unknown.
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Spencer M. Free, M.D.

Address, Maternité Hospital.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* ~~Dec~~ Jan 1st 1881.

4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St.

5. *Full Name of Mother,* Mrs. Thompson.

6. *Mother's Maiden Name,* Unknown.

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Unknown.

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Spencer M. Free, M. D.

Address, Maternité Hospital.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44705

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1st Jany 1881
4. *Place of Birth, (Street and Number)* 5 S Duncan Alley
5. *Full Name of Mother,* Florence Poten
6. *Mother's Maiden Name,* F Miller
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Wm Poten
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Mr Leah Walker

Address, 15 S Duncan Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* Jan 4 / 1881
4. *Place of Birth, (Street and Number)* 14 Shuter st
5. *Full Name of Mother,* Louisa Perkins
6. *Mother's Maiden Name,* Louisa Hudson
7. *Mother's Birthplace,* Somerset County
8. *Full Name of Father,* Henry Perkins
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* South Carlina

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 130 N Regester st

Remarks. N Remarks

RETURN OF A BIRTH

111-707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male "

2. *Race or Color, (if not of the white race)* White "

3. *Date of Birth,* First of January 1881

4. *Place of Birth, (Street and Number)* 18 New St.

5. *Full Name of Mother,* Mary E Bringe

6. *Mother's Maiden Name,* Mary E Meiser

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* William Albert Bringe

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* ~~Baltimore City~~ Balt City

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Schleifer

Address, 20 Columbia St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1881
4. *Place of Birth, (Street and Number)* 55 Collington Ave
5. *Full Name of Mother,* Mary Wagner
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wagner
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

44709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 1st 1881
4. *Place of Birth, (Street and Number)* 465 Lexington st
5. *Full Name of Mother,* Louisa F. Piquett
6. *Mother's Maiden Name,* Louisa F. Lipp
7. *Mother's Birthplace,* Philadelphia, Pa
8. *Full Name of Father,* John P. Piquett
9. *Father's Occupation,* Pharmacist
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. J. J. S. Spicer Md

Address, 387 W. Lombard St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44710

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Jan 1
4. *Place of Birth, (Street and Number)* 44 north dollar st
5. *Full Name of Mother,* Emley Thomas
6. *Mother's Maiden Name,* Emely Green
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Stephen Thomas
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address, no 18 short st

Remarks, healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

144711

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* Jan 1 1881
4. *Place of Birth, (Street and Number)* 322 Durham St
5. *Full Name of Mother,* Josephin Johnson
6. *Mother's Maiden Name,* Josephin Johnson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland County

Name of Medical Attendant, or other Person who makes this Return, Lucinder Woolford

Address, 134 N Register St

Remarks, No Remarks

JOHN D. PITT, PRINTER & STATIONER, BALT.

44712

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child 1881

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of January 1881
4. *Place of Birth, (Street and Number)* No 63 Eastern Av.
5. *Full Name of Mother,* Annie Long
6. *Mother's Maiden Name,* " Kemp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Long
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. RIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11471 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	colerd
3. *Date of Birth*	January 1st
4. *Place of Birth (Street and Number)*	Baltimore, Claytons Row, No. 3
5. *Full Name of Mother*	Mary. E. Brightman
6. *Mother's Maiden Name*	Mary. E. Wilson
7. *Mother's Birthplace*	Baltimore, Md
8. *Full Name of Father*	Charles. Edward. Brightman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Charleston South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Martha Moore Midwife
Address	Claytons Row No 3
Remarks	All well

44714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) 1 Female

2. Race or Color (if not of the white race) White

3. Date of Birth 1 of January 1881

4. Place of Birth (Street and Number) 112 Lemmon St Baltimore

5. Full Name of Mother Barbary Winkelman

6. Mother's Maiden Name Barbary Wilkinson

7. Mother's Birthplace Baltimore

8. Full Name of Father Harry Winkelman

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 792 Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 January 1881
4. *Place of Birth (Street and Number)* Baltimore 505 pratt St.
5. *Full Name of Mother* Catharine Florence Mules
6. *Mother's Maiden Name* Catharine Florence Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Mules
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 492 pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44716

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 1. January
4. *Place of Birth, (Street and Number)* nuber 33. Myrtle av
5. *Full Name of Mother,* Helena Ostendorf
6. *Mother's Maiden Name,* Helena Degenhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George H. Ostendorf
9. *Father's Occupation,* Deadt
10. *Father's Birthplace,* Oldenbury.

Name of Medical Attendant, or other Person who makes this Return. Apis Dunlee

Address, No 60 Shothe St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11-4-717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January the 1st 1881
4. *Place of Birth, (Street and Number)*	Cambridge Street
5. *Full Name of Mother,*	emma B Cole
6. *Mother's Maiden Name,*	emma Burns
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michall Cole
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L Simms
Address,	171 S washington Street
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Return of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

114718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15. 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Called
3. *Date of Birth* 1 Jan 1881
4. *Place of Birth, (Street and Number)* No 23 Noble Street
5. *Full Name of Mother* Rosy Warters
6. *Mother's Maiden Name* Rosy Williams
7. *Mother's Birthplace* West Maddel Ugh
8. *Full Name of Father* Eadmad Warter
9. *Father's Occupation* Labor
10. *Father's Birthplace* Tuyne Sett County

Name of Medical Attendant, or other Person who makes this Return. Rosth Williams

Address 70 Chesnut Street

Remarks Mother And Child doing Well

44719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan. 1st 1881
4. Place of Birth (Street and Number) 62 George st
5. Full Name of Mother Maggie Knight
6. Mother's Maiden Name Maggie Seibel
7. Mother's Birthplace Baltimore
8. Full Name of Father John M. Knight
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Heldmann M.D.

Address 420 Pearl st. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 44720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1 M° 2d 1881.
4. *Place of Birth, (Street and Number)* 472 Eutaw St.
5. *Full Name of Mother* Zaide Pope
6. *Mother's Maiden Name* Zaide Hopkins
7. *Mother's Birthplace* N York
8. *Full Name of Father* George A Pope
9. *Father's Occupation* Copper Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W Riley M. D

Address 306 Madison Ave

Remarks

RETURN OF A BIRTH

44721
44722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2nd (Twins)

1. *Sex, (state whether male or female)* One Male, one Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jany 2 81

4. *Place of Birth, (Street and Number)* 173 Penna Ave

5. *Full Name of Mother,* Mary V. Saurland

6. *Mother's Maiden Name,* Mary V. Mercer

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Alexius P. Saurland

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. D. Miller M.D.

Address, 89 N. Greene St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11723

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2. 1881
4. *Place of Birth (Street and Number)* 65 Druid Hill Avenue
5. *Full Name of Mother* Emma Lincoln
6. *Mother's Maiden Name* " Hall
7. *Mother's Birthplace* Somerset County Md
8. *Full Name of Father* Randall Lincoln
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mastony Brewer M.D

Address 68 McCulloh St.

Remarks

44724

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of January
4. *Place of Birth, (Street and Number)* No 187 Whillian St
5. *Full Name of Mother,* Mary Kenkner
6. *Mother's Maiden Name,* Mary Krebs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Krebs
9. *Father's Occupation,* Saborbo
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina [illegible]

Address, No 126 West St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

411925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* 259 N. Bond
5. *Full Name of Mother,* Eva Facett
6. *Mother's Maiden Name,* Windolph
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Josef Facett
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 220 Barnes St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2nd 1881
4. *Place of Birth, (Street and Number)* 7 Russel St
5. *Full Name of Mother,* Margaret ~~Evett~~ Allen
6. *Mother's Maiden Name,* Margaret A. Evett
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jim Allen Jr
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook Md

Address, 146 Hanover St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE MD

Harry Hamburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 2 1881
4. *Place of Birth (Street and Number)*	117 E. Baltimore St.
5. *Full Name of Mother*	Rosie Hamburger
6. *Mother's Maiden Name*	Rosie Kahn,
7. *Mother's Birthplace*	Indiana.
8. *Full Name of Father*	Philip Hamburger
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. W. Houck M.D.
Address	95 E. Balto. St.
Remarks	GIVEN NAME ADDED 7-7-53 L.M.

44728

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1881
4. *Place of Birth, (Street and Number)* No 364 N. Durham Street
5. *Full Name of Mother,* Maggie V. ~~Wilson~~ Smith
6. *Mother's Maiden Name,* Maggie V. Wilson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza F. Fleming

Address, No 951 Albemarle Street

Remarks, City

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44729

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 chil'd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Jan.
4. *Place of Birth, (Street and Number)* 820 Cross St.
5. *Full Name of Mother,* Elizabeth Whiteney
6. *Mother's Maiden Name,* Elizabeth Switzer
7. *Mother's Birthplace,* German.
8. *Full Name of Father,* George Whiteney
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Angelina Willson

Address, 219 Hanover St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUNE
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 2nd 1881
4. Place of Birth (Street and Number)	118 S. Howard St.
5. Full Name of Mother	Elizabeth Palm
6. Mother's Maiden Name	Schoelle
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Palm
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Dorsch M.D.
Address	108 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

111731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* No 816 Durham St
5. *Full Name of Mother,* Elizabeth Mueller
6. *Mother's Maiden Name,* Walch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles August Mueller
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Seiner

Address, No 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2nd 1881
4. *Place of Birth, (Street and Number)* Fort Ave & No 88
5. *Full Name of Mother,* Elizabeth Todd
6. *Mother's Maiden Name,* Elizabeth Dodson
7. *Mother's Birthplace,* Calvert Co md
8. *Full Name of Father,* Leven Todd
9. *Father's Occupation,* Car driver C. P. R R
10. *Father's Birthplace,* Calvert Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44733

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

Name of Child: Conrad Leonard Wich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 2, 1881.
4. *Place of Birth, (Street and Number)* Conway St. No. 129.
5. *Full Name of Mother,* Martha E. Wich
6. *Mother's Maiden Name,* Martha E. Ackermann
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Henry Wich
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Vogtendorf N. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 2 1881
4. *Place of Birth (Street and Number)* 202 Scot st canton
5. *Full Name of Mother* bennetta hartlow
6. *Mother's Maiden Name* bennetta roulhly
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* william hartlow
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 6th burke st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 4 4735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) F.
2. Race or Color (if not of the white race) W.
3. Date of Birth Jan. 2. 1881
4. Place of Birth (Street and Number) No. 91 N. Shroder
5. Full Name of Mother Annie Emerson
6. Mother's Maiden Name " Kraft
7. Mother's Birthplace Balt.
8. Full Name of Father J. E. Emerson
9. Father's Occupation Mechanic
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Neff

Address 306 W. Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 2 d. 1881
4. *Place of Birth, (Street and Number)* 151 Jefferson Str.
5. *Full Name of Mother,* Cathrine Luft
6. *Mother's Maiden Name,* Chathrine Rabe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann H. Luft
9. *Father's Occupation,* Kabenter
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 N. Bond Str.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist o[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44737

RETURN OF A BIRTH

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

Name: Sarah Little

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1881
4. *Place of Birth, (Street and Number)* No 234 Barre St
5. *Full Name of Mother,* Mary Little
6. *Mother's Maiden Name,* " H. Hawthorn
7. *Mother's Birthplace,* Oakland Md
8. *Full Name of Father,* Edmund Little
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address, 387 W. Lombard St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 2d 1881

4. Place of Birth (Street and Number) 1615 St. Paul St

5. Full Name of Mother Lelia T Dorsey

6. Mother's Maiden Name Lelia T Bradford

7. Mother's Birthplace New Orleans

8. Full Name of Father Arthur Dorsey

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 121 W Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114-739

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* Lini Reis
5. *Full Name of Mother,* My Cher
6. *Mother's Maiden Name,* Balt Md
7. *Mother's Birthplace,* 53 S. Canal
8. *Full Name of Father,* Thomas Reis
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44740

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* 28 E. Pratt
5. *Full Name of Mother,* Marie Bonhagen
6. *Mother's Maiden Name,* Pollie
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Henry Bonhagen
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan

HEALTH DEPARTMENT 121 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2 1881
4. *Place of Birth (Street and Number)* 182 Dallas St
5. *Full Name of Mother* Mary Brill
6. *Mother's Maiden Name* Mary Fisher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Brill
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address Name of Child Mary Elizabeth

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) 2 Females

2. Race or Color (if not of the white race) White

3. Date of Birth 2 of January 1881

4. Place of Birth (Street and Number) 41 Parish St Baltimore

5. Full Name of Mother Mary Elizabeth Shipley

6. Mother's Maiden Name Mary Elizabeth Cole

7. Mother's Birthplace Baltimore

8. Full Name of Father James B Shipley

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 792 Pratt St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14-4743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 4th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1881
4. *Place of Birth, (Street and Number)*	Durham Street
5. *Full Name of Mother,*	Elizabeth McGinn
6. *Mother's Maiden Name,*	Elizabeth Powell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry H. McGinn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary McGinnis
Address,	171 S. Washington Street
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

441744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2nd 81
4. *Place of Birth, (Street and Number)*	# 422 Cross St.
5. *Full Name of Mother,*	C. Schneider Unmarried.
6. *Mother's Maiden Name,*	C. Schneider
7. *Mother's Birthplace,*	Wurtemberg
8. *Full Name of Father,*	C. Schneider is the daughter of Jacob Schneider
9. *Father's Occupation,*	Mr. Jacob Schneider Wheelwright.
10. *Father's Birthplace,*	Wurtemberg
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	# 328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44745

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 3 1881
4. *Place of Birth, (Street and Number)* 169 S Paca
5. *Full Name of Mother,* Lina Lyman
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. Robt. Lyman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. Fakrent

Address. 55 N Gough

Remarks, Breech case

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

44746

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday Jan 3rd 1881
4. *Place of Birth, (Street and Number)* S. W. Cor of Madison St and Greenmont Ave.
5. *Full Name of Mother,* Willmenia M. Cronhardt
6. *Mother's Maiden Name,* Willmenia M. Keyser.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Cronhardt
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton Mt.

Address, 25½ Greenmont Ave

Remarks, "Vertex Presentation"

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44747

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Januar 3. 1881
4. *Place of Birth, (Street and Number)* Estern Av. No 322
5. *Full Name of Mother,* Karoline Baum
6. *Mother's Maiden Name,* Seifert
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Georg Baum
9. *Father's Occupation,* Hochster
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raubach

Address, S. Wolf str. No 14

Remarks, Midwife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

144748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1930
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 3rd 1880
4. Place of Birth (Street and Number)	280 N. Eden
5. Full Name of Mother	Sally H. Stewart
6. Mother's Maiden Name	Sally H. Collins
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles B. Stewart
9. Father's Occupation	Rail Roading
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Jno. P. Lynch M.D.
Address	17 S. Broadway
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

144-744-9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 3 ed 1881
4. *Place of Birth, (Street and Number)*	No 720 Hanover st
5. *Full Name of Mother,*	Anna Schweigert
6. *Mother's Maiden Name,*	Wagnard
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friedrich Schweigert
9. *Father's Occupation,*	Milk dairy
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schweyer midwife
Address,	330 Hanover st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44750

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* No 66 Mc Elderry St
5. *Full Name of Mother,* Louisa Kratz
6. *Mother's Maiden Name,* Hammerbacher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Kratz
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN R. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1901
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 3d 1881
4. *Place of Birth, (Street and Number)* No 8 Barney Street
5. *Full Name of Mother,* Kate Heckman
6. *Mother's Maiden Name,* Kate Shire
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* John Heckner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Elijah H. Hinton Dr H. P. Ellis

Address, No 666 South Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 3rd. 1881
4. *Place of Birth (Street and Number)* 5 Macon al
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Thomas
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Jas. Smith
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. I E Atkinson

Address 243 Madison Ave

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

44753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
7
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of January 1891
4. *Place of Birth, (Street and Number)* 103 North Chapel street
5. *Full Name of Mother,* Annie Millmichel
6. *Mother's Maiden Name,* Annie Stiefelhofer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Max Stiefelhofer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

144754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1381 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* No 7 Hoyt St
5. *Full Name of Mother,* Emma Rohleder
6. *Mother's Maiden Name,* Kolcher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Rohleder
9. *Father's Occupation,* Tenner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No 70 Bromley St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN P. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* 5 Carroll
5. *Full Name of Mother,* Ritchel Tiller
6. *Mother's Maiden Name,* Mata
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Tiller
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dara Carper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January
4. *Place of Birth, (Street and Number)* 89 S Broadway
5. *Full Name of Mother,* Marie Rider
6. *Mother's Maiden Name,* Werner
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Henry Rider
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 82 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14757

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3rd. 1881 1¼ P.M.
4. *Place of Birth (Street and Number)* 95 N. Broadway
5. *Full Name of Mother* Anna Beauregard Meier
6. *Mother's Maiden Name* Anna B. Frazier
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Fred. Thos. Meier
9. *Father's Occupation* Cornice Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thomas E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

44758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth January 3d 1881
4. Place of Birth (Street and Number) 68 S. Exeter
5. Full Name of Mother Maria
6. Mother's Maiden Name Lenhart
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Ament
9. Father's Occupation Carriage maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. Hollowaw[illegible]

Address 137 W Lafayette St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4-4759

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 3, 1881
4. *Place of Birth (Street and Number)* Baltimore, Sidney St 134
5. *Full Name of Mother* Frances Kidwell
6. *Mother's Maiden Name* Frances Canty
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* James L. Kidwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Washington D. C.

Name of Medical Attendant, or other Person who makes this return Miss M. Shaffer

Address Sidney St. 134

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-4760

HEALTH DEPARTMENT
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 19 1881
4. *Place of Birth (Street and Number)*	30 Lemmon St
5. *Full Name of Mother*	Annie V Simpson
6. *Mother's Maiden Name*	Allen
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Simpson
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	John Hood
Address	322 Hollins St
Remarks	

44761

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 3rd 1881
4. *Place of Birth (Street and Number)* No 4 Bolton al
5. *Full Name of Mother* Mrs Rose Kelley
6. *Mother's Maiden Name* Miss Rose Spier
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jas. B. Kelley
9. *Father's Occupation* Car inspector
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. J. B. Hunter McKee M.D.

Address 320 Penna ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd January 1881.
4. *Place of Birth (Street and Number)* Lexington St near Fremont
5. *Full Name of Mother* Fannie A. Gorman
6. *Mother's Maiden Name* Fannie A. Evans
7. *Mother's Birthplace* Carroll Co. Maryland
8. *Full Name of Father* Wm. G. Gorman
9. *Father's Occupation* Dairyman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. J. Bull M.D.

Address 234 Madison Avenue

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

44763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 3rd 1881.
4. *Place of Birth, (Street and Number)* # 260. Front street.
5. *Full Name of Mother* Christinia Tuvall.
6. *Mother's Maiden Name* Christinia Smith
7. *Mother's Birthplace* Scothland.
8. *Full Name of Father* Luther Tuvall.
9. *Father's Occupation* Plow maker.
10. *Father's Birthplace* Anaples.

Name of Medical Attendant, or other Person who makes this Return. Mina Hillegeist

Address 182 E. Monument St.

Remarks

RETURN OF A BIRTH

114764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Chr.

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3. 1881
4. *Place of Birth, (Street and Number)* 463 W. Pratt Str.
5. *Full Name of Mother,* Josephine Trailor
6. *Mother's Maiden Name,* Wilmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Trailor
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach No 439. W Pratt St.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 3d 1881
4. *Place of Birth, (Street and Number)*	40 Chew St
5. *Full Name of Mother,*	Fannie E Elvan
6. *Mother's Maiden Name,*	" " Baker
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo D Elvan
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address,	No 186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

44766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 3rd 1881.
4. *Place of Birth, (Street and Number)* No. 184 Gough St. near Bond St.
5. *Full Name of Mother* Mary Ridgaway
6. *Mother's Maiden Name* Mary Fish
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* P. B. Ridgaway
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bitt.

Address No. 185 S.E. cor Centre av & Monument St.

Remarks All Well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

144767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 4th 1881
4. *Place of Birth, (Street and Number)* 320. W Lombard
5. *Full Name of Mother,* Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* G. W. Green
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edw L. Michael

Address, 283. W. Lombard

Remarks,

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 4th 1881

4. *Place of Birth, (Street and Number)* No 244 Baltimore av.

5. *Full Name of Mother,* Mary Reinhardt

6. *Mother's Maiden Name,* Schramm

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Charles Reinhardt

9. *Father's Occupation,* Brickmodler

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser midwife

Address, 330 Hanover st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(6) Six Children
1. *Sex (state whether male or female)*	Female A. [redacted]
2. *Race or Color (if not of the white race)*	White Race
3. *Date of Birth*	January 4th 1900
4. *Place of Birth (Street and Number)*	No. 132 Duncan alley
5. *Full Name of Mother*	Ann B. Carlson
6. *Mother's Maiden Name*	Ann B. Fisher
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George. Carlson
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Fray
Address	193. S. Chester. St.
Remarks	Healthy Child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

114770

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 4 1881
4. *Place of Birth, (Street and Number)* 600 S Ann St
5. *Full Name of Mother* Mary Flemming
6. *Mother's Maiden Name* " " Lamperts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Flemming
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH

44771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 4th 1881
4. *Place of Birth, (Street and Number)*	Tenement at at Eager
5. *Full Name of Mother,*	Linda M Wilcox
6. *Mother's Maiden Name,*	Linda M Rugg
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Peter Wilcox
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	M M Kincaid
Address,	143 N Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 4 1881
4. *Place of Birth (Street and Number)* Luzern st
5. *Full Name of Mother* emelay hanson
6. *Mother's Maiden Name* 27 emelay hudson
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* albart hanson
9. *Father's Occupation* laborer
10. *Father's Birthplace* norway

Name of Medical Attendant, or other Person who makes this Return. Rachel ann garrett

Address 64 burke st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11477 3

RETURN OF A BIRTH

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* Jan 4th 1881
4. *Place of Birth, (Street and Number)* 220 Durham St
5. *Full Name of Mother,* Marria Hudgeson
6. *Mother's Maiden Name,* Marria Wilkson
7. *Mother's Birthplace,* Summerset County
8. *Full Name of Father,* John Hudgeson
9. *Father's Occupation,* Labering Man
10. *Father's Birthplace,* Sumerset County

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 N Register

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan. 4/81
4. *Place of Birth* (Street and Number) 55 Ladenhall St.
5. *Full Name of Mother* Ellen Hack
6. *Mother's Maiden Name* Robinson
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* John Hack
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Accomack Va.

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson M.D.

Address 41 Orchard St.

Remarks

RETURN OF A BIRTH

14775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 4th 1881
4. *Place of Birth, (Street and Number)* 63 S. High
5. *Full Name of Mother,* Josephine Sweeny.
6. *Mother's Maiden Name,* Josephine Smith.
7. *Mother's Birthplace,* Black water Md
8. *Full Name of Father,* William H Sweeny
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* New Berlin Penna

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 113 E. Lombard st

Remarks,

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 81
4. *Place of Birth, (Street and Number)*	# 272 S. Eutaw St.
5. *Full Name of Mother,*	Catharine Leisz
6. *Mother's Maiden Name,*	Getz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Aug. Leisz
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Work
Address,	# 328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

44777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 4th
4. *Place of Birth, (Street and Number)* Wolf st
5. *Full Name of Mother* Barbara Klos
6. *Mother's Maiden Name* " " " Gunzelman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nicolas Klos
9. *Father's Occupation* Hugster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mauerre

Address 173 Bank

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adv[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six d[illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their phys[illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maid[illegible] name of the mother of such child or children.

RETURN OF A BIRTH, 14778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 4th 1881
4. Place of Birth, (Street and Number) 302 E. Lombard St.
5. Full Name of Mother Emma Pauline Williams
6. Mother's Maiden Name " " Cook
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Monroe Williams
9. Father's Occupation Moulder
10. Father's Birthplace Gloucester Va

Name of Medical Attendant, or other Person who makes this Return. J. C. McPherson M. D.

Address 23 S. Chester St

Remarks Child was born without medical attendance. Its mother asked for birth certificate, not knowing it required until now. Jany 21st 1881

44779

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 4. '81
4. *Place of Birth, (Street and Number)* 4 E George
5. *Full Name of Mother,* Jennie Lawrence
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Halbert G Lawrence
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. F. A. Kemp

Address, 55 N Greene St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

114780

HEALTH DEPARTMENT
7
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 January
4. *Place of Birth, (Street and Number)* No 46 N Spring St
5. *Full Name of Mother,* Anna Elis Edmunds
6. *Mother's Maiden Name,* Butler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter H Edmunds
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby Street

Remarks,

JOHN B. EMT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th Jany 1881.
4. *Place of Birth, (Street and Number)* 318 N. Caroline St.
5. *Full Name of Mother,* Elnora T. Bishop
6. *Mother's Maiden Name,* Byrd
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Sylvanus E. Bishop
9. *Father's Occupation,* Shirt-Cutter.
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings, M. D.

Address, 274 Madison Ave.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44782

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 5 January
4. *Place of Birth, (Street and Number)* Aoner Fawn and High St
5. *Full Name of Mother,* Amalia Schröeler
6. *Mother's Maiden Name,* Schröeler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Schröeler
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No. 70 Granby St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

44783

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 5 d. 1881
4. *Place of Birth, (Street and Number)* 150 Chewstr.
5. *Full Name of Mother,* Therese Hindenach
6. *Mother's Maiden Name,* Thrse. Weidenbrener
7. *Mother's Birthplace,* Pensolvania
8. *Full Name of Father,* Georg B. Hindenach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. Me. R. Rudiger

Address, 134 N. Bondstr.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Jan. 1881
4. *Place of Birth, (Street and Number)* 60 Forest St
5. *Full Name of Mother,* Mary Livingston
6. *Mother's Maiden Name,* — — Belmont
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Livingston
9. *Father's Occupation,* Butter Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rachel Uhlig

Address, 48 Holland St Baltimore

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 5 th 1881

4. *Place of Birth, (Street and Number)* No 247 Batrew av

5. *Full Name of Mother,* Mary Bolman

6. *Mother's Maiden Name,* Swisler

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Henry Bolman

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. S. Schwasser midwife

Address, 330 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44786

HEALTH DEPARTMENT JAN 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 5th 1881

4. *Place of Birth, (Street and Number)* No 47 James alley

5. *Full Name of Mother,* Elise Sander

6. *Mother's Maiden Name,* Gurtzruck.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Anton Sander

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgas M.D. midwife

Address, 330 Hanover st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44787

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born January 5th 1881
4. *Place of Birth, (Street and Number)* No 240 Pirce St
5. *Full Name of Mother,* Matilda Stump
6. *Mother's Maiden Name,* Matilda Hindle
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Louis Stump
9. *Father's Occupation,* Plaster
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Stumler

Address,

Remarks, Mrs Dunler
No 60 Sahothes

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

4 4 7 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3 1881
4. Place of Birth (Street and Number)	755 Druid St Baltimore
5. Full Name of Mother	Mary E Wood
6. Mother's Maiden Name	Mary E Marton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H Wood
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Freburger
Address	942 Druid St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 11-1789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5th 1880
4. *Place of Birth, (Street and Number)*	# 58 Hamburg St
5. *Full Name of Mother,*	Addie Lewis
6. *Mother's Maiden Name,*	Addie Kinnin
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John. Lewis
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	K. B. Noble M.D
Address,	17 Warren ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44790

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 5th 1881.
4. *Place of Birth, (Street and Number)* # 210. Eager street.
5. *Full Name of Mother* Barbra Breimeis.
6. *Mother's Maiden Name* Barbra. Nahe.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* August Breimeis.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dand Hillegeist

Address 182. E Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 5th 81
4. *Place of Birth, (Street and Number)* 72 Hanover st
5. *Full Name of Mother,* Charlotta Kellner
6. *Mother's Maiden Name,* " Rockey
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Kellner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 20 Bank st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1891
BAL

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 5. 1891
4. *Place of Birth (Street and Number)* 445 N. Carey Street
5. *Full Name of Mother* Emma Maria Livers
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph A. Livers
9. *Father's Occupation* Butter Dealer
10. *Father's Birthplace* Frederick County Md

Name of Medical Attendant, or other Person who makes this Return. Mahany Brewer M.D.

Address 68 McCulloh Street

Remarks

44793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Jan 5th 1881
4. Place of Birth (Street and Number) # 18. Edward St
5. Full Name of Mother Elizabeth Bowley
6. Mother's Maiden Name Brown
7. Mother's Birthplace Maryland
8. Full Name of Father William Bowley
9. Father's Occupation Huxter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml J Belt M.D.

Address # 134 N Exeter St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan. 5. 1881

4. *Place of Birth, (Street and Number)* 121 N. Howard St

5. *Full Name of Mother,* Cray

6. *Mother's Maiden Name,* Doherty

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Cray

9. *Father's Occupation,*

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ida Sadler

Address, 11 New St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44795

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan
4. *Place of Birth, (Street and Number)* 360 Penna ave Baltimore
5. *Full Name of Mother* Donna Viol
6. *Mother's Maiden Name* Donna Belchior
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm Viol
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44796

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Cou
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	
4. *Place of Birth, (Street and Number)*	Burgundy St
5. *Full Name of Mother,*	Ann Vanskiver
6. *Mother's Maiden Name,*	" Morgan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Robt Vanskiver
9. *Father's Occupation,*	Brick Moulder
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Jno L Blake Mn
Address,	168 S Paca St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 January
4. *Place of Birth, (Street and Number)* 18 Granby
5. *Full Name of Mother,* Lizie Seis
6. *Mother's Maiden Name,* Lindenstruth
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Seis
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 8 P.M. 6th January, 1881.
4. Place of Birth (Street and Number) 113 Pearl St, Baltimore, Maryland
5. Full Name of Mother Laura Ann Cooper
6. Mother's Maiden Name Laura Ann Bailey
7. Mother's Birthplace Talbot County, Maryland.
8. Full Name of Father Charles Caleb Cooper
9. Father's Occupation Owner of Furniture wagons
10. Father's Birthplace Howard County, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Worth M.D.

Address 236 N. Howard St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH, 44799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex (state whether male or female)*	Male -
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan'y 6th 1881
4. *Place of Birth, (Street and Number)*	40 Cumberland Ave.
5. *Full Name of Mother*	Mary Lewis.
6. *Mother's Maiden Name*	Brown
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Joseph Lewis
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N Greene St.
Remarks	

RETURN OF A BIRTH,

4-4800

(OVER)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Name of Child-Johann Matthäus

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday Jan 6th 1881
4. *Place of Birth, (Street and Number)* No 187 Frederick Ave.
5. *Full Name of Mother* Emma. Herchenbahn
6. *Mother's Maiden Name* Emma Teves.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ernst Herchenbahn
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bantalee Al

Remarks

44801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 #

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 # of January
4. *Place of Birth (Street and Number)* 149 N. Wolf St. Balt. Md.
5. *Full Name of Mother* Henriette F. Doenges
6. *Mother's Maiden Name* Henriette F. Dieterich
7. *Mother's Birthplace* Baltimore M. D.
8. *Full Name of Father* Henry Doenges
9. *Father's Occupation* Baker
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26. [illegible] Baltimore

Remarks M. D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 6 1881
4. *Place of Birth,* (*Street and Number*) No 106 E. Biddle Street
5. *Full Name of Mother,* Harriett W. Morgan
6. *Mother's Maiden Name,* Harriett W. Kalbus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Morgan
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Attwell

Address, 286 Mc Donogh st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44803

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of January 1881
4. *Place of Birth, (Street and Number)* No 230 Whillian St
5. *Full Name of Mother,* Sassy Bell
6. *Mother's Maiden Name,* Sorry Liskenfeld
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Liskenfeld
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Christaber

Address, No 122 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114804

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~).*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 6. 1881
4. *Place of Birth, (Street and Number)* E. Fayette St. No. 165
5. *Full Name of Mother,* ~~Ella~~ Annie Hart.
6. *Mother's Maiden Name,* Annie Bolle.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Sampson Hart.
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Tolchester County. St. Maryland. U.S.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26.

Remarks,

This any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 4505

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 6 of January 1881

4. *Place of Birth, (Street and Number)* No 26 Bradford Ave

5. *Full Name of Mother,* Lizzie

6. *Mother's Maiden Name,* Beckerman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Riley

Address, No 12 Patterson Park Ave

Remarks, Seven Months Child Not Married

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14806

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether ~~Male~~ or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Jan 6. 1881.
4. Place of Birth (Street and Number)	87 Pearl st.
5. Full Name of Mother	Hester Davis
6. Mother's Maiden Name	Marine.
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm J. Davis
9. Father's Occupation	clerk.
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Dr Benjamin
Address	175 Lanvale st.
Remarks	

44807

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, and or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1881
4. *Place of Birth, (Street and Number)* No 403 Scott St
5. *Full Name of Mother,* Maggie Stensey
6. *Mother's Maiden Name,* Maggie Gourey
7. *Mother's Birthplace,* irland
8. *Full Name of Father,* Jaks Gourey
9. *Father's Occupation,* Labe
10. *Father's Birthplace,* irland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Nazarenus

Remarks, Russell St No 70

JOHN B. PIET, PRINTER & STATIONER, BALT.

44808

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 6th 1880
4. *Place of Birth, (Street and Number)* 77 Harford Avenue
5. *Full Name of Mother,* Mary Rapp
6. *Mother's Maiden Name,* Mary Lehr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Rapp
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Dunlap

Remarks, No 60 Sobother St

JOHN B. PIET, PRINTER & STATIONER, BALT.

44809

RETURN OF A BIRTH,

GIVEN NAME ADDED 1/27/56 Hy

To the Office of Registrar of Vital Statistics, Board of Health.

Daniel G. Deacon **BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 6th 1881.
4. *Place of Birth, (Street and Number)* #33. Harford ave.
5. *Full Name of Mother* Georgeanna Deacon.
6. *Mother's Maiden Name* Georgeanna Garrett.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Daniel Deacon.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Philadelphia.

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist.

Address 182 E. Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 6th
4. Place of Birth (Street and Number)	221 N Durham street
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	" Hopkins
7. Mother's Birthplace	Easton Shore Md.
8. Full Name of Father	William Brown
9. Father's Occupation	Hodcarrier
10. Father's Birthplace	Fredric Co.
Name of Medical Attendant, or other Person who makes this Return.	Elezbeth McDoney
Address	
Remarks	

Fee: Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44811

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Called
3. *Date of Birth* th 6 Jan 1881
4. *Place of Birth, (Street and Number)* No 28 Lam Stre
5. *Full Name of Mother* Harriet Ann Mason
6. *Mother's Maiden Name* L A Collins
7. *Mother's Birthplace* ~~Lo~~ St Mary County
8. *Full Name of Father* John J Mason
9. *Father's Occupation* Color
10. *Father's Birthplace* St Mary County

Name of Medical Attendant, or other Person who makes this Return. Roth Willen

Address 70 Chesnut Stre

Remarks Mother and Child doing Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

448121

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 6th 1881
4. *Place of Birth, (Street and Number)* 34 Essex str
5. *Full Name of Mother,* Senzy Lindner
6. *Mother's Maiden Name,* " Gast
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Lindner
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44813

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6th 1880
4. *Place of Birth, (Street and Number)* No. 8. Chapple St
5. *Full Name of Mother,* Margaret Steinbach
6. *Mother's Maiden Name,* " Stein
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Steinbach
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Catherine Link

Address, No 102, E. Biddle St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6th 1881
4. *Place of Birth, (Street and Number)*	# 224 East Fayette St.
5. *Full Name of Mother,*	Mary Benjamin
6. *Mother's Maiden Name,*	" Scherer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Benjamin
9. *Father's Occupation,*	Turner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wm Louis Kapff
Address,	# 236 Caroline Ave
Remarks,	

"Every person in charge of any case, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over 44815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

Name: Thomas Caryll Grim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6. 1881
4. *Place of Birth (Street and Number)* 377 Druid Hill Avenue
5. *Full Name of Mother* Emma Grim
6. *Mother's Maiden Name* " Kaufman
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Thomas C. Grim
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44816

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan. the 6th 1881
4. *Place of Birth, (Street and Number)* 1st Peirce St. Balti
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Mary Pfeister
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Paul Miller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Moser Sup

Address 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11 11 817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of January 1881
4. *Place of Birth, (Street and Number)* 193 East Lombard stret
5. *Full Name of Mother,* Lissie Sparklin
6. *Mother's Maiden Name,* Lissie Brof
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fomas Brof
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 71 North Chapel stret per Justina Kunkel

Remarks, Healthy.

JOHN F. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 7 d. 1881
4. *Place of Birth, (Street and Number)* 17 McKowiny str.
5. *Full Name of Mother,* Magie Hobert
6. *Mother's Maiden Name,* Mag. Mc. Man
7. *Mother's Birthplace,* Kanade
8. *Full Name of Father,* Jams Hobert
9. *Father's Occupation,* dreiber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger

Address, 134 N Bondstr.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 7th of January 1881.
4. *Place of Birth,* (Street and Number) 207 E. Fayerson street.
5. *Full Name of Mother,* Sally Dagnein
6. *Mother's Maiden Name,* Sally ~~Fisher~~ Dehorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrig Joseph ~~Fisher~~ Dehorn
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 77 North Chapel Strut per Justina Kunkel

Remarks, Healthy

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

144820

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 7 1881
4. *Place of Birth (Street and Number)* Boundary Ave
5. *Full Name of Mother* Bettie Herbert Owens
6. *Mother's Maiden Name* Bettie Herbert Radcliff
7. *Mother's Birthplace* Washington City
8. *Full Name of Father* James W Owens
9. *Father's Occupation* Salesman
10. *Father's Birthplace* A A Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo C Ogle M D

Address

Remarks

44821

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 7th
4. Place of Birth, (Street and Number) No 162 S. Register st
5. Full Name of Mother Dorathae Singley
6. Mother's Maiden Name " " Miller
7. Mother's Birthplace Germany
8. Full Name of Father John Singley
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gotzke

Address No 65 S. Bond st

Remarks

RETURN OF A BIRTH,

44822

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other perso in charge, who shall attend, at the birth of any child, within the City of Baltimore, shall rt to the registrar aforesaid thereafter, stating distinctly the date of birth, sex, and color of the child or children born, th condition, whether still born or not, the full name, nativity, and residence of the parent name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	7th January 1881
4. *Place of Birth, (Street and Number)*	Baltimore 173 N. Caroline St
5. *Full Name of Mother*	M. E. Riger
6. *Mother's Maiden Name*	M. E. Berger
7. *Mother's Birthplace*	Baltimark City Md
8. *Full Name of Father*	Augustus Lawrence Riger
9. *Father's Occupation*	Police Sergeant
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Miss Amanda Marine
Address	378 E. Monument Street City
Remarks	

RETURN OF A BIRTH

44823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 7th 1881
4. *Place of Birth, (Street and Number)* 51 Burgundy alley
5. *Full Name of Mother,* Mary E Elsie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jno. Frank Elsie
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Caroline County Md

Name of Medical Attendant, or other Person who makes this Return. 11 Burgundy alley.

Address, Deborah Thomas

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44824

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of January 1881
4. *Place of Birth, (Street and Number)* W 112 Goodman St.
5. *Full Name of Mother,* Matilda Heartline
6. *Mother's Maiden Name,* Matilda Wolter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Heartline
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lavina Lierhaber

Address, No 125 West

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44825

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of January 1881
4. *Place of Birth, (Street and Number)* No 215 William St
5. *Full Name of Mother,* Margaret Smith
6. *Mother's Maiden Name,* Margaret Shulz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Shulz
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grieshaber

Address, No 128 West St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44826

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy 6

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 January 1881
4. *Place of Birth, (Street and Number)* No 9 Oxton St
5. *Full Name of Mother,* Mary Westberg
6. *Mother's Maiden Name,* Mary Skuks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas F Skuhr
9. *Father's Occupation,* Laiber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Nazarenus

Remarks, Russell St No. 70.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44826

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girle 10

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 106 Warrmer St
4. *Place of Birth, (Street and Number)* 7 Janey 1881
5. *Full Name of Mother,* Anna Myers
6. *Mother's Maiden Name,* Anna Personette
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A Myers
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazareus

Address, Russell St No 70

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1881
4. *Place of Birth, (Street and Number)* Chestnut St No 182
5. *Full Name of Mother,* Mary E. Dallam
6. *Mother's Maiden Name,* Mc Nair
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* B & S Dallam
9. *Father's Occupation,*
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. C. L. Mahon M.D.

Address, No 138 East St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44829

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1881
4. *Place of Birth, (Street and Number)* No 42 St Peter St
5. *Full Name of Mother,* Ellen Ewing
6. *Mother's Maiden Name,* " Larkin
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Chas Ewing
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spiers Md

Address, 387 W. Lombard St

Remarks,

This any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* January the 7th 1881

4. *Place of Birth, (Street and Number)* South Washington Street

5. *Full Name of Mother,* Elengra Burris

6. *Mother's Maiden Name,* Elenora Brown

7. *Mother's Birthplace,* Liverpool England

8. *Full Name of Father,* James H Burris

9. *Father's Occupation,* Car Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Simms

Address, No 171 S. Washington Street

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 44831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1st 91
4. *Place of Birth, (Street and Number)*	409 N. Broadway
5. *Full Name of Mother,*	Katie Wiesenauer
6. *Mother's Maiden Name,*	Meyer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wiesenauer
9. *Father's Occupation,*	Tonic Beer Manufacturer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Work
Address,	328 S. Eutaw St.
Remarks,	

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

114832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 7th 1881
4. *Place of Birth, (Street and Number)* S.E. cor of Collington & Fayette sts
5. *Full Name of Mother,* Emma Kraft
6. *Mother's Maiden Name,* " Snyder
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Christian Kraft
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Barre st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

444833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 7th 1881
4. *Place of Birth, (Street and Number)* 182 Caulon ave
5. *Full Name of Mother,* Katie Keppler
6. *Mother's Maiden Name,* " Jaeger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Keppler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bate

Address, 120 Bank St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JAN 25 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	7th January
4. *Place of Birth, (Street and Number)*	202 Eutaw st
5. *Full Name of Mother,*	Marrie Brown
6. *Mother's Maiden Name,*	" Tilman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Brown
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Angelline Wilson
Address,	217 Hamburg st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1448 35

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 7th 1881
4. *Place of Birth, (Street and Number)*	#40 Thames St
5. *Full Name of Mother,*	Annie Hall
6. *Mother's Maiden Name,*	..... Parker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Armstrong Hall
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Caton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1165.36

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) Colored

3. *Date of Birth* January 19th 1881

4. *Place of Birth,* (Street and Number) 522 N Central Ave

5. *Full Name of Mother* Elizabeth Hunter

6. *Mother's Maiden Name* Linbeck

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John Henry Hunter

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 7, 1881
4. *Place of Birth (Street and Number)*	103 E. Baltimore St.
5. *Full Name of Mother*	Mary Ellen Baynard
6. *Mother's Maiden Name*	Mary Ellen Ramsey
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	James R. R. Baynard
9. *Father's Occupation*	Can Maker
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. W. Hewett M.D.
Address	93 E. Balto St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

46838

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 7 1881.
4. *Place of Birth (Street and Number)*	308 E. Pratt St.
5. *Full Name of Mother*	Anna Wettam
6. *Mother's Maiden Name*	Anna Bailey,
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Henry C. Wettam,
9. *Father's Occupation*	Bookseller
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. W. Hanck M.D.
Address	75 E. Balto St.
Remarks	

RETURN OF A BIRTH

4.68.39

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 5

1. *Sex, (state whether male or ~~female~~)*
2. *~~Race or Color~~, (if not of the white race)*
3. *Date of Birth,* Jan 7, 1881
4. *Place of Birth, (Street and Number)* 331 E. Bond St.
5. *Full Name of Mother,* Kate F. Pearce
6. *Mother's Maiden Name,* Gaunt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E. Pearce
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return. Wm. White, M.D.

Address, 327 S. Broadway

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4118440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 1881 Dallas st

4. *Place of Birth, (Street and Number)* Balto Graham st No 93

5. *Full Name of Mother,* Smisiara

6. *Mother's Maiden Name,* A. Sandar

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Jos. Smisiara

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Hospital

Address, 29 Washington st

Remarks, Mary Boland

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1148141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th January 1881
4. *Place of Birth, (Street and Number)*	Montgomery St. 215
5. *Full Name of Mother,*	Mary J. Harlub
6. *Mother's Maiden Name,*	" " Mead
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Charles Harlub
9. *Father's Occupation,*	Carriage Builder
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	A. N. Dodge M. D.
Address,	
Remarks,	Delivered by Dr Dodge

JOHN B. PIET, PRINTER & STATIONER, BALT.

44842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Mary Magdeline Scheib

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 8th 1881
4. *Place of Birth, (Street and Number)* 13 E. N. Schroeder
5. *Full Name of Mother,* Annie E. Scheib
6. *Mother's Maiden Name,* Annie E. Larner
7. *Mother's Birthplace,* Lancaster Co. Penna
8. *Full Name of Father,* Wm H Scheib
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke Mtr

Address, 146 Hanover St

Remarks, GIVEN NAME ADDED. 1-9-52

Fine any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44843

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 8 of Janu
4. *Place of Birth, (Street and Number)* No 54 Sommer St
5. *Full Name of Mother* Mary Wren
6. *Mother's Maiden Name* Mary Demme
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Demme
9. *Father's Occupation* Datman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Citina Lauer

Remarks 177 Harfeeny

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 8th 1881
4. Place of Birth (Street and Number)	35 Clarke St
5. Full maiden Name of Mother	Frances Schraut
6. Mother's [redacted] *Name*	X " Meddinger
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo W Meddinger
9. Father's Occupation	Clerk B & O R.R. Co.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M.D.
Address	2 N Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 8 1881

4. Place of Birth (Street and Number) 172 Penn Ave

5. Full Name of Mother Alice Ann Wise

6. Mother's Maiden Name " " Stubie

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Andrew Wise

9. Father's Occupation Horse Shoer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. [illegible]

Address 231. N. Fremont St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* January 8—1881
4. *Place of Birth (Street and Number)* 118 S. Paca St
5. *Full Name of Mother* Elizabeth Tropisch
6. *Mother's Maiden Name* Elizabeth Heidwech
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Paul U. Tropisch
9. *Father's Occupation* Piano-maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. C. MacDowell Md.

Address 112 W. Fayette St

Remarks

RETURN OF A BIRTH

44847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan. 8th 1881.
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Sally Boyd.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Indiana.
8. *Full Name of Father,* Unknown.
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Spencer M. Free M.D.

Address, Maternité Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4484-8

HEALTH DEPARTMENT JAN 8 1951 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or ~~Female~~) M.
2. *Race or Color* (if not of the white race)
3. *Date of Birth*
4. *Place of Birth* (Street and Number) 74 Hurst alley
5. *Full Name of Mother* Maggie Hall
6. *Mother's Maiden Name* McVeigh
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* John Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 57 Barnett

Remarks

RETURN OF A BIRTH

44849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 8th 1881
4. *Place of Birth, (Street and Number)* 106 Burgundy Alley
5. *Full Name of Mother,* ~~Cora~~ Cora Strickland
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Salisbury Somerset County MD
8. *Full Name of Father,* John Thomas Strickland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

14850

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Son Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 8, 1881
4. *Place of Birth, (Street and Number)* Hamstead St. No 69
5. *Full Name of Mother,* Ella Darr
6. *Mother's Maiden Name,* Ella Snee
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Fredrick Darr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* County Dengal N. G. Britt. Europe

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St., No 26

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44851

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 8, 1881.
4. *Place of Birth, (Street and Number)* N. Washington St. No. 180.
5. *Full Name of Mother,* Christine Bandmann
6. *Mother's Maiden Name,* Christine Tunnor
7. *Mother's Birthplace,* Wagerfeld K. Preussen, Germany
8. *Full Name of Father,* Charles Bandmann
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Orslam. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1881
4. *Place of Birth, (Street and Number)* No 97 Fort Ave
5. *Full Name of Mother,* Elmira E Frederic
6. *Mother's Maiden Name,* Elmira E Weaver
7. *Mother's Birthplace,* Balt Co md
8. *Full Name of Father,* William F Frederic
9. *Father's Occupation,* Freight Conductor B. & R. R.
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kinton

Address, No 666 W Chas St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1 4 8 5 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Negro
3. *Date of Birth*	Jan. 8th " 1881
4. *Place of Birth* (Street and Number)	No. 2 Greenwillow Ct.
5. *Full Name of Mother*	Miriama Lee
6. *Mother's Maiden Name*	" Norton
7. *Mother's Birthplace*	Harford Co. Md.
8. *Full Name of Father*	Joseph Lee
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	F. B. Gardner M. D.
Address	120 N. Greene St.
Remarks	

RETURN OF A BIRTH,

44855 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 8th of Jan. 1881
4. *Place of Birth, (Street and Number)* No 88 Frederick Ave.
5. *Full Name of Mother* Miss. Hageman
6. *Mother's Maiden Name* Miss. Linder
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* V. Hageman
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* born in Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Miss. Hiller

Address 1017 W. Pratt St.

Remarks

RETURN OF A BIRTH

114855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5 1881
4. *Place of Birth, (Street and Number)* No 24 McMechen St
5. *Full Name of Mother,* Maggie Faull
6. *Mother's Maiden Name,* Imhoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Faull
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other Person who makes this Return. Wm E. Schmidt

Address, No 528 Lima St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* Jan. 8th. 1881
4. *Place of Birth* (Street and Number) 113 Pearl St.
5. *Full Name of Mother* Sarah Franklin
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* Oldham Co. Kentucky
8. *Full Name of Father* Robt. Franklin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Lexington Virginia

Name of Medical Attendant, or other Person who makes this Return. S. K. Dennis M.D.

Address 131 W Biddle St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* January 8 d 1881

4. *Place of Birth, (Street and Number)* 122 Louisa.

5. *Full Name of Mother,* Marie Landenschlager

6. *Mother's Maiden Name,* Marie Buschard

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Heinrich Landenschlager

9. *Father's Occupation,* Cigar Packenmaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address, 134 n. Bond st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

114858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 8th 1881
4. *Place of Birth (Street and Number)* 38 N. Front St
5. *Full Name of Mother* Lizzie Miller
6. *Mother's Maiden Name* " Maxwell
7. *Mother's Birthplace* Jeffersonville Indiana
8. *Full Name of Father* J. H. Miller
9. *Father's Occupation* Dry Good Store
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address 220 N. Eden St

Remarks

44859

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2nd

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 8th 1880
4. *Place of Birth, (Street and Number)*	291 E John St.
5. *Full Name of Mother,*	Florentenia Myers
6. *Mother's Maiden Name,*	Law
7. *Mother's Birthplace,*	" Berlin Germany
8. *Full Name of Father,*	Geo W Myers
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Regina St. Winter
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

1 17 144860

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* January the 8th
4. *Place of Birth, (Street and Number)* 169 York St
5. *Full Name of Mother,* Sarah Elizabeth Randels
6. *Mother's Maiden Name,* Sarah Elizabeth Randels
7. *Mother's Birthplace,* Dourchester count
8. *Full Name of Father,* Frank Randels
9. *Father's Occupation,* Laboer
10. *Father's Birthplace,* Dourchester county

Name of Medical Attendant, or other Person who makes this Return. Milla Gross

Address, 181 York St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1 Mo 8th 1881.
4. *Place of Birth, (Street and Number)* 221 McCulloughs
5. *Full Name of Mother* Anna Lamb.
6. *Mother's Maiden Name* Anna Cockran
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Eli M. Lamb.
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley. M. D.

Address 306 Madison Avenue

Remarks

RETURN OF A BIRTH

~~46862~~
44862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1881
4. *Place of Birth, (Street and Number)* Harford Avenue 294
5. *Full Name of Mother,* Jennie Ningard
6. *Mother's Maiden Name,* Jennie Robinson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Arthur Ningard
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. La Baldwin

Address, 124 N Exeter St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 8 – 1881
4. Place of Birth (Street and Number)	180 W Mosher St
5. Full Name of Mother	Hedwig Hachtel –
6. Mother's Maiden Name	Keller
7. Mother's Birthplace	" Wurtemburg Germany
8. Full Name of Father	John C Hachtel –
9. Father's Occupation	Merchant –
10. Father's Birthplace	Anspach Bavariae ~~Germany~~
Name of Medical Attendant, or other Person who makes this Return.	W G Reder Ld
Address	87 Mulberry St –
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44864

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 8th 1880
4. *Place of Birth, (Street and Number)* 438 Penna. Ave.
5. *Full Name of Mother* Eliza Ann Cumer
6. *Mother's Maiden Name* Grubb.
7. *Mother's Birthplace* Balto. City Md
8. *Full Name of Father* John T. Cumer
9. *Father's Occupation* Sewing Machine Agent
10. *Father's Birthplace* Cecil Co. Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

331

RETURN OF A BIRTH.

44865

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 9th 1881
4. *Place of Birth* (Street and Number) 52 Baker St
5. *Full Name of Mother* Hester Whistler
6. *Mother's Maiden Name* Hester Barry
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. W. Whistler
9. *Father's Occupation* —
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. E. Chew M.D.

Address 141 Lanvale St

Remarks

331

RETURN OF A BIRTH

44866

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 9th 1881

4. *Place of Birth, (Street and Number)* 237 S Charles st

5. *Full Name of Mother,* Ella Foster

6. *Mother's Maiden Name,* Ella Sweeney

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Wm O Foster

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-t

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 9th 1880
4. *Place of Birth, (Street and Number)* Bruning Corner Rear of No 9 Lo-
5. *Full Name of Mother,* Ellen Casey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac Co Va
8. *Full Name of Father,* Peter Casey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Accomac County Virginia

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44868

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 7, 1881
4. *Place of Birth (Street and Number)*	52 N. Carrollton Ave.
5. *Full Name of Mother*	Lillian Ward
6. *Mother's Maiden Name*	Adams
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	James Franklin Ward
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood
Address	322 Hollins st
Remarks	

44869

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 January 1881
4. *Place of Birth, (Street and Number)* No 75 Jack St
5. *Full Name of Mother,* Brighed Cowley
6. *Mother's Maiden Name,* Brighed Leech
7. *Mother's Birthplace,* Eirland
8. *Full Name of Father,* John Cowley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eirland

Name of Medical Attendant, or other Person who makes this Return. Sabin Gilchrist

Address, Hatter West St

Remarks,

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January the 9, 1881

4. *Place of Birth, (Street and Number)* N. Bond St. No 9,

5. *Full Name of Mother,* Maggie E. Herriken

6. *Mother's Maiden Name,* Maggie E. Haefelein

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Harry Herriken

9. *Father's Occupation,* Engraver

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Record. Harry E. Miller

Address, No Dallas St. No 26,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

114871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 9th 1881
4. *Place of Birth (Street and Number)* #378 E Fayette St
5. *Full Name of Mother* Cecelia Heatch
6. *Mother's Maiden Name* " Gabler
7. *Mother's Birthplace* Harford Co Md
8. *Full Name of Father* Samuel Heatch
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Edgar Mitchell M.D

Address # 234 Columbia Avenue

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

11879

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 9th 1881
4. *Place of Birth, (Street and Number)*	No 29 Stiles Street.
5. *Full Name of Mother,*	Mary Magee.
6. *Mother's Maiden Name,*	Mary Kirby
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	John Magee
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	No 95 Albemarle Street
Remarks,	Rita P

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

4-48 / 73

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race) W

3. Date of Birth July 9th 1881

4. Place of Birth (Street and Number) Eutaw near Monument

5. Full Name of Mother Mary Quale Cassy

6. Mother's Maiden Name Mary Quale

7. Mother's Birthplace Ireland

8. Full Name of Father Andrew Cassy

9. Father's Occupation Coachman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address 59 Cathedral

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4 4 8 7 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9th 1881
4. *Place of Birth, (Street and Number)* 526 Cross st
5. *Full Name of Mother,* Mary Catheren Frech
6. *Mother's Maiden Name,* Mary Catheren Gleiser
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Frech
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary E. Bentley

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 42875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 9th 1881.
4. *Place of Birth, (Street and Number)* # 322 East Monument Street.
5. *Full Name of Mother* Ellenora Bock.
6. *Mother's Maiden Name* Ellenora Hiendtback
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Julius Bock.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Nena Hellegeist

Address 112 E Monument Street.

Remarks

RETURN OF A BIRTH,

44876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~W~~ Collera
3. *Date of Birth* th 9 Jan 1881
4. *Place of Birth, (Street and Number)* No 138 Carlin Stre
5. *Full Name of Mother* Rebecca grant
6. *Mother's Maiden Name* Rebecca dice ~~[illegible]~~
7. *Mother's Birthplace* West Angus
8. *Full Name of Father* Charle f grant
9. *Father's Occupation* ~~[illegible]~~ Organis
10. *Father's Birthplace* Baltim Ct

Name of Medical Attendant, or other Person who makes this Return. Rorth Willien

Address 70 Chesnut Stre

Remarks Mother and Child doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

144877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Col.
3. *Date of Birth* Jan 9. 1881
4. *Place of Birth* (Street and Number) 20 Rose St
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Stanley Smith
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 223 Madison Av.

Remarks

44878

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 16 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Payne Northumberland Co Va
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colerd
3. *Date of Birth,*	The of Janury 9
4. *Place of Birth, (Street and Number)*	Mary Lee
5. *Full Name of Mother,*	Mary Payne
6. *Mother's Maiden Name,*	Northland County Va
7. *Mother's Birthplace,*	Balt 106 Vine St
8. *Full Name of Father,*	Samul Lee
9. *Father's Occupation,*	Richmond City
10. *Father's Birthplace,*	Ellin Stubs
Name of Medical Attendant, or other Person who makes this Return.	42 Sharps St
Address,	
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
189
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 January
4. *Place of Birth, (Street and Number)* 36 Albemarle
5. *Full Name of Mother,* Kati Landerman
6. *Mother's Maiden Name,* Kuin
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Philip Landerman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dana Lassier

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44880

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	january 9th
4. *Place of Birth, (Street and Number)*	111 york St
5. *Full Name of Mother,*	mandy jolly
6. *Mother's Maiden Name,*	mandy jolly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	anderson word
9. *Father's Occupation,*	labourer
10. *Father's Birthplace,*	colbert county
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 4 patpsco avenue
Remarks,	healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 9th 1881
4. Place of Birth (Street and Number)	509 Light Street
5. Full Name of Mother	Catharine Abbott
6. Mother's Maiden Name	" Griffith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas O Abbott
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E Govier Cox M.D.
Address	389 W Fayette St
Remarks	

RETURN OF A BIRTH

141-882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 10th child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Coolard
3. *Date of Birth,* the 9th of January
4. *Place of Birth, (Street and Number)* 168 Howard st
5. *Full Name of Mother,* Mario Bivins
6. *Mother's Maiden Name,* Mario Comiga
7. *Mother's Birthplace,* Eastern shore Virginia
8. *Full Name of Father,* Edward Bivins
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Eastern shore Virginia

Name of Medical Attendant, or other Person who makes this Return. Millia Gross

Address, 181 York st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 January
4. *Place of Birth, (Street and Number)* 30 Barnes St
5. *Full Name of Mother,* Maria Houska
6. *Mother's Maiden Name,* " " Bartousek
7. *Mother's Birthplace,* Rečic Bohemia
8. *Full Name of Father,* Josef Houska
9. *Father's Occupation,* Schoemacker
10. *Father's Birthplace,* Razan Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1448 84

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 1 - 1884
4. Place of Birth (Street and Number)	104 S Spring St.
5. Full Name of Mother	Bridgerd Horner
6. Mother's Maiden Name	Forman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Horner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	151 E Fait St.
Remarks	

44885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 9th 1881
4. *Place of Birth, (Street and Number)* 3141 Montgomery St
5. *Full Name of Mother,* Catharina ~~Zuhäne~~ Eilmann
6. *Mother's Maiden Name,* Catharina Zuhäne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* H. D. Eilmann
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Münch

Address, 8 Leatenhall Strett

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* ~~1st~~, 2*d*, ~~3d~~, &c.)

1. *Sex,* (*state whether male or* ~~*female*~~)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 9. 1881
4. *Place of Birth,* (*Street and Number*) S. Wolf 114
5. *Full Name of Mother,* Catharine Dennoch
6. *Mother's Maiden Name,* Finke
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* David Dennoch
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rauch

Address, South Wolfe St No 14

Remarks, Mulatto

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 9th 1881.
4. *Place of Birth, (Street and Number)* 143 E. Chester St.
5. *Full Name of Mother,* Margaret Ellen Taylor
6. *Mother's Maiden Name,* Margaret Ellen McLaughlin
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Wm B. Taylor
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Virginia, U.S.

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich

Address, 9 & S. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44888

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirt

1. *Sex (state whether male or female)* Stats
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 9th 1881
4. *Place of Birth, (Street and Number)* 2161 E Chase Street
5. *Full Name of Mother* Mary Ehrlein
6. *Mother's Maiden Name* Zimmermann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Ehrlein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J. W. Schuster M.D.

Address S E Cor Caroline & Street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

44889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh Wife

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 9th 1881
4. *Place of Birth, (Street and Number)* 388 N Central Ave
5. *Full Name of Mother* Catherine Part
6. *Mother's Maiden Name* Busch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Part
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. S. H. Stearns M.

Address 56 E Eager & Caroline Street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 9th 1881
4. *Place of Birth, (Street and Number)* 35 Little George St
5. *Full Name of Mother,* Ellen W Gibson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Easten Shore Va
8. *Full Name of Father,* George W Gibson
9. *Father's Occupation,*
10. *Father's Birthplace,* ~~Ow~~ Westminister Md

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dorsey

Address, 83 Oxford St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Childe

1. Sex (state whether Male or Female) Female Childe
2. Race or Color (if not of the white race) Color Childe
3. Date of Birth The 7. of January 1881
4. Place of Birth (Street and Number) 105. Yolyorke street
5. Full Name of Mother Annie Gross
6. Mother's Maiden Name Annie Gross
7. Mother's Birthplace Colvert County
8. Full Name of Father Jemme Gross
9. Father's Occupation Sailer
10. Father's Birthplace Colvert County

Name of Medical Attendant, or other Person who makes this Return. Marget Willson

Address Harlinge alley No 16

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.4592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no 50 Medder street

1. *Sex (state whether Male or Female)* male child colored is

2. *Race or Color (if not of the white race)* Jemes Johnnie Gray

3. *Date of Birth* 2 o clock

4. *Place of Birth (Street and Number)* 50 medder street

5. *Full Name of Mother* Emer gray

6. *Mother's Maiden Name* Emer gray

7. *Mother's Birthplace* Colbert county Md

8. *Full Name of Father* William Stichins

9. *Father's Occupation* arabin

10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizebeth foot

Address no 15 horn Street

Remarks midwife

1881 January

44893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 10 th 1881
4. *Place of Birth, (Street and Number)* No 3 Greens court
5. *Full Name of Mother,* Margareth Haus
6. *Mother's Maiden Name,* Sheid
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Peter Haus
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44894

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Ch.

1. *Sex, (state whether male or female)* Grile
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January 1881
4. *Place of Birth, (Street and Number)* 433 Crest St
5. *Full Name of Mother,* Bena Lepper
6. *Mother's Maiden Name,* Bena Weller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michalas Weller
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Nazarenus

Remarks, Russell S. 70

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar at retail, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 10th 1881
4. *Place of Birth* (Street and Number) Balt Wilcox alley
5. *Full Name of Mother* Eliza Frazer
6. *Mother's Maiden Name* Eliza Ross
7. *Mother's Birthplace* Caroline Co
8. *Full Name of Father* Edward Frazier
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH, 44896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 12th 1881

That by Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan 10th 1881.
4. *Place of Birth, (Street and Number)* 121 S. Wolfe St.
5. *Full Name of Mother* Maggie Frany.
6. *Mother's Maiden Name* Maggie Bengel.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Valentin Frany.
9. *Father's Occupation* Merchant Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Sweed

Address 121 South Wolfe Street

Remarks

RETURN OF A BIRTH

44897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1867 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 10ten Januwar
4. *Place of Birth, (Street and Number)* No 286. Canton Av.
5. *Full Name of Mother,* Mary Werneke
6. *Mother's Maiden Name,* Mary Gräner
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* August Werneke
9. *Father's Occupation,* Schuhmacher
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197. S. Dallas Str

Remarks, Flemme.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44898

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January
4. *Place of Birth, (Street and Number)* No 4 Point Lane
5. *Full Name of Mother,* Lizzie Jonson
6. *Mother's Maiden Name,* Wiegel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Jonson
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
14
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* January 10th 1881 2 P.M.

4. *Place of Birth* (Street and Number) 20 S. Gilmor St.

5. *Full Name of Mother* Francesina Miles Curry

6. *Mother's Maiden Name* Edwards

7. *Mother's Birthplace* Balto Cy

8. *Full Name of Father* William David Curry

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle, M.D.

Address 74 N. Paca St.

Remarks

RETURN OF A BIRTH.

44906

HEALTH DEPARTMENT JAN 14 1 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 10th 1881.
4. *Place of Birth, (Street and Number)* # 2 N. Augusta Street.
5. *Full Name of Mother* Lena Hebrank.
6. *Mother's Maiden Name* Lena Hillinger
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Joseph Hebrank.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Lancaster Pa.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegist

Address 182 East Fayette St.

Remarks

RETURN OF A BIRTH, 114901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 10/81.
4. *Place of Birth, (Street and Number)* 34 Myrtle Ave.
5. *Full Name of Mother* Emma L. Clampitt
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm. H. Clampitt.
9. *Father's Occupation* Brass Finisher.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. B. Fetterhoff M. D.

Address 205 W. Biddle St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 44902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 14 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. *Sex (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth* January 10 1881
4. *Place of Birth, (Street and Number)* No 16 Pine St.
5. *Full Name of Mother* Mary Green
6. *Mother's Maiden Name* Mary Howard.
7. *Mother's Birthplace* Caroline Co - Md.
8. *Full Name of Father* John Henry Green.
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Howard Co - Md.

Name of Medical Attendant, or other Person who makes this Return. A. G. Watts M. D.

Address # 106 Columbia Avenue

Remarks

RETURN OF A BIRTH 44903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 6th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 10th 1881
4. *Place of Birth, (Street and Number)*	No 322 Eastern Avenue
5. *Full Name of Mother,*	Maria F Wehner
6. *Mother's Maiden Name,*	Maria Link
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Franz Wehner
9. *Father's Occupation,*	grocer
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L Simms
Address,	171 S. Washington Street
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44904

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 10 of Jan
4. *Place of Birth, (Street and Number)* No 222, ~~Gaes~~ Gaes St
5. *Full Name of Mother* Kate Armer
6. *Mother's Maiden Name* Kate Soher
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fate Soher
9. *Father's Occupation* Tahler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who ~~makes~~ this Return.

Address Cristina Sauer

Remarks 172 Harford ave 1880

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 44905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4the

1. *Sex (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* 10 Januar
4. *Place of Birth, (Street and Number)* 114 Langeste Street
5. *Full Name of Mother* Marie Hess
6. *Mother's Maiden Name* Bleee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Bleee
9. *Father's Occupation* — — — —
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address S. Wolfe Strat 245

Remarks

RETURN OF A BIRTH.

144986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 10th 1881
4. *Place of Birth (Street and Number)* Henrietta St No 63
5. *Full Name of Mother* Anna Williams
6. *Mother's Maiden Name* Anna Rash
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Williams
9. *Father's Occupation* Waterman
10. *Father's Birthplace* queenans county

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Aliys Street

Remarks

RETURN OF A BIRTH

44907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Eight

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* the 10 of January
4. *Place of Birth, (Street and Number)* 856 W. Pratt St.
5. *Full Name of Mother,* Anna K. Bach
6. *Mother's Maiden Name,* Anna K. Imhoff
7. *Mother's Birthplace,* Koubstos Hessen Darmstadt Germania
8. *Full Name of Father,* H. Bach
9. *Father's Occupation,* Backer by Trade
10. *Father's Birthplace,* Eckartsborn Hessen Darmstadt Germania

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, No 45 S. Monroe St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

11908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 10. 1881
4. *Place of Birth, (Street and Number)* No 80 Townsend St
5. *Full Name of Mother* Carline Slater
6. *Mother's Maiden Name* Carline Smith
7. *Mother's Birthplace* Germa
8. *Full Name of Father* John Slater
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germa

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address

Remarks

RETURN OF A BIRTH 1-11-907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1907 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 January
4. *Place of Birth, (Street and Number)* 8 J E. Lombard
5. *Full Name of Mother,* Magi Reborn
6. *Mother's Maiden Name,* Dasch
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Torch Reborn
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dan Lawyer

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44910

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 January
4. *Place of Birth, (Street and Number)* S Canal
5. *Full Name of Mother,* Wini Morre
6. *Mother's Maiden Name,* Fornett
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michel Moore
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44911

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Jan 1881
4. *Place of Birth, (Street and Number)* 465 Asquith St
5. *Full Name of Mother,* Katherine Brown
6. *Mother's Maiden Name,* — — Mentes
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Maurice Brown
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address, Madame Ullig

Remarks, 48 Holland St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44912

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Jan 1881
4. *Place of Birth, (Street and Number)* 199 Pratt Street
5. *Full Name of Mother,* Mary Kragle
6. *Mother's Maiden Name,* Mankey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Kragle
9. *Father's Occupation,* ~~Bartender~~ Bur Salvon
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Ullrg

Remarks, 48 Holland st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44913

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Jan. 1881
4. *Place of Birth, (Street and Number)* Balto Durham. St No. 356
5. *Full Name of Mother,* M. Komenda
6. *Mother's Maiden Name,* Ks Talushek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* A. Komenda
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 69 Washington st

Remarks,

Mary Kopitsch

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third {3}

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 10th 1881

4. Place of Birth (Street and Number) 79 South Eden St

5. Full Name of Mother Mary E Startzman

6. Mother's Maiden Name " " Holland

7. Mother's Birthplace Snow Hill Md

8. Full Name of Father Melvin Startzman

9 Father's Occupation Tanner

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. F E Fooks MD

Address 241 E Balto St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

144915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
18
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 10th
4. *Place of Birth, (Street and Number)* No 468 Calhoun St
5. *Full Name of Mother* Sidney V. Baker
6. *Mother's Maiden Name* Sidney V Hargrave
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos L Baker
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll

Address No 176 Prestman St

Remarks

RETURN OF A BIRTH

44916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1901 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 01
4. *Place of Birth, (Street and Number)*	292 Cross St.
5. *Full Name of Mother,*	Mary Wimmer
6. *Mother's Maiden Name,*	Wornighase
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Wimmer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

144917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1881.
4. *Place of Birth, (Street and Number)* 76 S. Carey St.
5. *Full Name of Mother,* Elizabeth Thorne.
6. *Mother's Maiden Name,* Creighton
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Michael S. Thorne
9. *Father's Occupation,* Iron Moulder.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White M.D.

Address, 7 J. H. Gilmor St.

Remarks,

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44918

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 10th 1881
4. *Place of Birth, (Street and Number)* 241 Canton Ave
5. *Full Name of Mother,* Maria Meister
6. *Mother's Maiden Name,* " Grover
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Meister
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank Str

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 16th 1881
4. *Place of Birth, (Street and Number)* 169 Lee Street
5. *Full Name of Mother,* Katharine Finker
6. *Mother's Maiden Name,* Steil
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Finker
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H Mears Salyer

Address, 163 W. Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 10th 1881
4. Place of Birth (Street and Number)	200 George st
5. Full Name of Mother	Mathilde Fuchs
6. Mother's Maiden Name	Mathilde Haeusler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Fuchs
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Heldmann M.D.
Address	120 Paul st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 10th 1881
4. Place of Birth (Street and Number) 70 N. Exeter St.
5. Full Name of Mother Mary L. Bassett
6. Mother's Maiden Name " Johnson
7. Mother's Birthplace City
8. Full Name of Father R. A. Bassett
9. Father's Occupation Collector
10. Father's Birthplace France

Name of Medical Attendant, ~~or other~~ Person who makes this Return. E. B. Fenty

Address 319 N. Central Ave.

Remarks

44922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 10 – 1881
4. Place of Birth (Street and Number)	303. Saratoga St
5. Full Name of Mother	Cora V Seim
6. Mother's Maiden Name	" " Gaskins
7. Mother's Birthplace	" Cincinnatti Ohio
8. Full Name of Father	William T Seim
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W H Reden M D
Address	89 Mulberry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Januar 10. 1881
4. *Place of Birth, (Street and Number)* S. Schappel str No 93
5. *Full Name of Mother,* Margarethe Luckert
6. *Mother's Maiden Name,* Amschler
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Karl Luckert
9. *Father's Occupation,* Worftworker
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baulbach

Address, S. Wolf str No 14

Remarks, Mr Dwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-4-9211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1891 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 24th 1891
4. *Place of Birth, (Street and Number)*	#182 Mound St.
5. *Full Name of Mother,*	Alberta Ball
6. *Mother's Maiden Name,*	Alberta Burleson
7. *Mother's Birthplace,*	Frederick City,
8. *Full Name of Father,*	Henry Clay Ball
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Lehman
Address,	425 N. Mc. Henry St.
Remarks,	Fine healthy Child.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44925
44926

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & 3d child

1. *Sex (state whether male or female)* Both male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th January 1881
4. *Place of Birth (Street and Number)* Cor Paca & Stricker Sts
5. *Full Name of Mother* Annie E. Paul
6. *Mother's Maiden Name* " " Keller
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thos H. Paul
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie F

Address 581 Lexington St

Remarks

RETURN OF A BIRTH

44927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 10th 1881
4. *Place of Birth, (Street and Number)* No 7 Upton St
5. *Full Name of Mother,* Sue Laloway
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Richard Denson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* West Va

Name of Medical Attendant, or other Person who makes this Return. Mary H Dorsey

Address, 83 Oxford St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44928

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1881
4. *Place of Birth, (Street and Number)* No 202 Maryland Avenue
5. *Full Name of Mother,* Mary Alice Caughey
6. *Mother's Maiden Name,* Mary Alice Higgins
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Charles M. Caughey
9. *Father's Occupation,* Editor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. Whalard. M.D.

Address, No 114 Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 10th 1881
4. *Place of Birth (Street and Number)* No 272 S. Broadway
5. *Full Name of Mother* Mary Virginia Owings
6. *Mother's Maiden Name* " " Fowler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George W. Owings
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thomas J. Evans M.D

Address 22 Jackson Place

Remarks

44930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 11th 1881
4. Place of Birth (Street and Number) No 40 Miller st
5. Full Name of Mother Alice E. Lyons.
6. Mother's Maiden Name Alice E. Carmine
7. Mother's Birthplace Baltimore Maryland.
8. Full Name of Father James H. Lyons.
9. Father's Occupation Hawker & Pedler of Cheese etc. etc
10. Father's Birthplace London ~~Oxfordshire~~ England

Name of Medical Attendant, or other Person who makes this Return. H P P Yeates M.D

Address 137 N. Eater St,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 11 1881
4. *Place of Birth, (Street and Number)*	No 142 York
5. *Full Name of Mother,*	Cathrin Timm
6. *Mother's Maiden Name,*	Anders
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Timm
9. *Father's Occupation,*	Storekeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasch midwife
Address,	330 Hanover st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44932

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11, 1881
4. *Place of Birth, (Street and Number)* 99 North Washington
5. *Full Name of Mother,* Madeleine Aellinger & Wife
6. *Mother's Maiden Name,* Mad. Aellinger
7. *Mother's Birthplace,* W. Jersey City
8. *Full Name of Father,* C. Wife
9. *Father's Occupation,* Dealer
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. Mr. Haywood

Address, Orleans Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 11th 1881
4. *Place of Birth (Street and Number)* No 3½ Carlton St
5. *Full Name of Mother* Henretta Lucas
6. *Mother's Maiden Name* Henretta Wallson
7. *Mother's Birthplace* Fredrick Co Md
8. *Full Name of Father* Clem Lucas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Fredrick city Md

Name of Medical Attendant, or other Person who makes this Return. Jane Butler 9 Carlton St

Address

Remarks Delivered without Medical assistance of the Physician

44934

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 11th 1881
4. *Place of Birth, (Street and Number)* 409 N. Calhoun St
5. *Full Name of Mother,* Mag. J. Gilbert
6. *Mother's Maiden Name,* Mag. J. Jenkins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Albert N Gilbert
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 1460 Hanover St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 11ten Januar
4. *Place of Birth, (Street and Number)* No 33 Lorlein Str
5. *Full Name of Mother,* Hanna Fischer
6. *Mother's Maiden Name,* Hanna Rirsch
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Berhardt Fischer
9. *Father's Occupation,* Kohlenhauler
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Hartmann

Address, No 197 E. Dallas Str

Remarks, Hebamme.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44936

To the Office of Registrar of Vital Statistics, Board of Health,

OF

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 1st 1881
4. *Place of Birth, (Street and Number)*	148 South Bethel Street
5. *Full Name of Mother,*	Maria Silfert
6. *Mother's Maiden Name,*	Maria Silfert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Silfert
9. *Father's Occupation,*	Brakesman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L Simms
Address,	171 S. Washington Street
Remarks,	

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 11th 1881
4. Place of Birth, (Street and Number) 24 Dutch all
5. Full Name of Mother Mary Sherlock Masch
6. Mother's Maiden Name Mary Sherlock
7. Mother's Birthplace Harbedgrace MD
8. Full Name of Father George Masch
9. Father's Occupation Carter
10. Father's Birthplace Balto MD

Name of Medical Attendant, or other Person who makes this Return. Miss E Donaldson

Address Fort ave 952

Remarks The Mother is coming along well

The Baby is not in a Healthy condition is taken under the following

RETURN OF A BIRTH

44938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January the 11

4. *Place of Birth, (Street and Number)* No 10 Pines Court

5. *Full Name of Mother,* Catherine Sleigh

6. *Mother's Maiden Name,* Catherine McEgan

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Sleigh

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs McEgan

Address,

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

44939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 11th 1881
4. *Place of Birth (Street and Number)* Abys St No 19
5. *Full Name of Mother* Anna Weber
6. *Mother's Maiden Name* Anna Besby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Weber
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

RETURN OF A BIRTH 44940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	11th of January
4. *Place of Birth, (Street and Number)*	[redacted] Portland St.
5. *Full Name of Mother,*	Fredericka. Steiner.
6. *Mother's Maiden Name,*	Fredericka. Mahr.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Steiner.
9. *Father's Occupation,*	Carter.
10. *Father's Birthplace,*	Prussia Germany.
Name of Medical Attendant, or other Person who makes this Return.	Ino L.
Address,	
Remarks,	

advise at the Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 44941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 17 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 11th 1881
4. Place of Birth, (Street and Number) Elizabeth Lane No 9
5. Full Name of Mother Catharine Schramovchi
6. Mother's Maiden Name Catharine Klinchi
7. Mother's Birthplace Germany
8. Full Name of Father John Schramovchi
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Sherman

Address No 18 Birch street

Remarks

This Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44942

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 11. 1881.
4. *Place of Birth, (Street and Number)* Forrest St. No. 69
5. *Full Name of Mother,* Annie Knöpp
6. *Mother's Maiden Name,* Annie Knöpp
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* } } } } } }
9. *Father's Occupation,* } } } } } }
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January the 11 1881
4. *Place of Birth (Street and Number)* No 9 Cushing Court
5. *Full Name of Mother* Sarah Howard
6. *Mother's Maiden Name* Sarah Cotts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Howard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno E Bell

Address No 171 South Chester St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

449444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 11 d. 1881
4. *Place of Birth, (Street and Number)* 162 N. Bethelstr.
5. *Full Name of Mother,* Mina Cossen
6. *Mother's Maiden Name,* Mina Reinhard
7. *Mother's Birthplace,* ~~Baltimore~~ Germane
8. *Full Name of Father,* Friedrich Cossen
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 N. Bondstr.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44945

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jans. 11 d. 1881
4. *Place of Birth, (Street and Number)* 74 N. Anstr.
5. *Full Name of Mother,* Kathrine Bierau
6. *Mother's Maiden Name,* Kathr. Bitz
7. *Mother's Birthplace,* Germane
8. *Full Name of Father,* ~~Konrat~~ Konrat Bierau
9. *Father's Occupation,* Schongchap halter
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address, 134 N. Bondstr.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIFT, PRINTER & STATIONER, BALT.

44946

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of Jan.
4. *Place of Birth, (Street and Number)*	242 Franklin Str.
5. *Full Name of Mother,*	Margaret Wenzel
6. *Mother's Maiden Name,*	Margaret Bouchat
7. *Mother's Birthplace,*	George Str. Balto City
8. *Full Name of Father,*	John L. Wenzel
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Leadenhall Str. Balto City
Name of Medical Attendant, or other Person who makes this Return.	Magdelna Somerfeld
Address,	323 Franklin Str.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4 4 9 4 7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1897

Given at the Birth of any Child, within the City of Baltimore, must be sent to the Registrar's office, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	january 11 th
4. *Place of Birth, (Street and Number)*	no 1 wayne
5. *Full Name of Mother,*	sarah brooks
6. *Mother's Maiden Name,*	sarah pool
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	william isac brooks
9. *Father's Occupation,*	waiter
10. *Father's Birthplace,*	colbert county
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia porter
Address,	no 8 patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3?
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 11th 1881
4. *Place of Birth* (Street and Number)	140 Argyle av
5. *Full Name of Mother*	Margaret Franklin (called Maggie F.)
6. *Mother's Maiden Name*	" Milnor
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	J Walter Franklin
9 *Father's Occupation*	merchant
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E Goodbody M. D.
Address	289 W Fayette St
Remarks	

RETURN OF A BIRTH.

44949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 11th 1881
4. Place of Birth (Street and Number)	214 Aisquith st
5. Full Name of Mother	Catharine Gardner
6. Mother's Maiden Name	" Masher
7. Mother's Birthplace	maryland
8. Full Name of Father	William Gardner
9. Father's Occupation	Clerk or salesman
10. Father's Birthplace	maryland
Name of Medical Attendant, or other Person who makes this Return.	E Groverboy M.D.
Address	289 E Fayette st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44950

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 11th 1881
4. *Place of Birth (Street and Number)* Columbia Ave. 215
5. *Full Name of Mother* Ellen Reiter
6. *Mother's Maiden Name* Ellen Krantz
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Charles Andrew Reiter
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Rees

Address No. 136 W. Henry St. Baltimore Md.

Remarks

RETURN OF A BIRTH.

114951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1951 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 11th 1951
4. *Place of Birth (Street and Number)* 38 Lee Street
5. *Full Name of Mother* Emma Virginia Irving
6. *Mother's Maiden Name* Emma Virginia Mitchell
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Thomas J. Irving
9. *Father's Occupation* Superintendent of Life Insurance Co.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. G. K. Wiley M.D.

Address 169 Hanover Street

Remarks

44952

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 1881
4. *Place of Birth, (Street and Number)* #1 Elliot Str Canton
5. *Full Name of Mother,* Maggie Eiser
6. *Mother's Maiden Name,* Trull
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Eiser
9. *Father's Occupation,* Barker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 44953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7
1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d,~~ &c.)

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Jan. 11, 1881
4. *Place of Birth,* (*Street and Number*) 334 N. Durham St
5. *Full Name of Mother,* Abby C. Cromwell
6. *Mother's Maiden Name,* " " Cager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Cromwell
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. W. H. Brito, M.D.

Address, 307 N. Broadway

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Chesnut Color
3. *Date of Birth,* borne January 11 1881
4. *Place of Birth, (Street and Number)* Hughes St 264
5. *Full Name of Mother,* Amie Thomas
6. *Mother's Maiden Name,* Amy Miller.
7. *Mother's Birthplace,* Easton Shore M.D.
8. *Full Name of Father,* Lewis Thomas.
9. *Father's Occupation,* Sailor.
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Amie Thomas

Address, No 80 [illegible]

Remarks, child is getting [illegible] fine female [illegible]

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 44955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 5
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* January 11 1881
4. *Place of Birth, (Street and Number)* N° 311 Saratoga St
5. *Full Name of Mother* Henrietta Rosenblatt
6. *Mother's Maiden Name* Goldsmith
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Sigmund Rosenblatt
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J H Latimer M.D.

Address 23 Franklin "

Remarks

RETURN OF A BIRTH.

44956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 11th 1881
4. *Place of Birth* (Street and Number)	No 242 Fayette st - East -
5. *Full Name of Mother*	Hester Ann Hall
6. *Mother's Maiden Name*	" " Thatcher
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Sheppard C. Hall
9. *Father's Occupation*	Iron worker
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M.D.
Address	22 Jackson Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Caucasian
3. *Date of Birth*	Wednesday Jany. 12th 1881
4. *Place of Birth (Street and Number)*	#555 Saratoga St.
5. *Full Name of Mother*	Anna Almond
6. *Mother's Maiden Name*	Anna Hinks
7. *Mother's Birthplace*	
8. *Full Name of Father*	John Almond
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return	J. Dimmitt Storm M.D.
Address	#552 W. Fayette St.
Remarks	

44958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12th 1881
4. *Place of Birth (Street and Number)* 44 East St.
5. *Full Name of Mother* Caroline ~~Cullen~~ Cullen
6. *Mother's Maiden Name* Caroline Knowles
7. *Mother's Birthplace* Baltimore. Md
8. *Full Name of Father* Simon Cullen
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City. Md

Name of Medical Attendant, or other Person who makes this Return. G O Dohme. MD

Address #86 E. Fayette Str.

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44959

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 12 Jan
4. *Place of Birth, (Street and Number)* No 4 High St
5. *Full Name of Mother,* Minna Burkhiemer
6. *Mother's Maiden Name,* Emirich
7. *Mother's Birthplace,* Germ
8. *Full Name of Father,* Johnhart Burkhiemer
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Ger

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby

Remarks, S

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 Jan
4. *Place of Birth, (Street and Number)* No. 118 Fayette St
5. *Full Name of Mother,* Mina Hellmeyer
6. *Mother's Maiden Name,* Konig
7. *Mother's Birthplace,* Ger
8. *Full Name of Father,* Christof Hellmeyer
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return. Sophie Elmer

Address, No 70 Granby St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44961

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 12th 1881
4. *Place of Birth, (Street and Number)* 43 Rough alley
5. *Full Name of Mother,* Bridget Irwin
6. *Mother's Maiden Name,* Bridget Maloney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm Irwin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Hanover

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 12th 1881
4. Place of Birth (Street and Number)	Baltimore. Hill st. No. 49½
5. Full Name of Mother	Mary Murry
6. Mother's Maiden Name	" Burk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Murry
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 220 Montgomery st. Balt.
Remarks	

RETURN OF A BIRTH.

44963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 12th " 1881
4. *Place of Birth (Street and Number)*	Baltimore Eight-st- 216
5. *Full Name of Mother*	Alice Murry
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Frank Murry
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth Scarborough
Address	220 Montgomery st Balt't
Remarks	

RETURN OF A BIRTH 44964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12th
4. *Place of Birth, (Street and Number)* 69 S Oregon St
5. *Full Name of Mother,* Bertha Scheeler.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Eylie
9. *Father's Occupation,* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 44965

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1931 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 12 1931
4. *Place of Birth, (Street and Number)* 40 Marion St
5. *Full Name of Mother* Kate Rachel
6. *Mother's Maiden Name* Lantz
7. *Mother's Birthplace* Md
8. *Full Name of Father* Geo Rocker
9. *Father's Occupation* Whitewasher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. _____

Address _____

Remarks _____

RETURN OF A BIRTH

44966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 12 — 1881
4. *Place of Birth, (Street and Number)*	63 James alley
5. *Full Name of Mother,*	Margaret Grill
6. *Mother's Maiden Name,*	Shuman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Grill
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohyasser midwife
Address,	330 Hanover st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

44967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 12th 1881
4. Place of Birth (Street and Number)	198 Hanover Ave
5. Full Name of Mother	Elizabeth Owen
6. Mother's Maiden Name	Elizabeth Collins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mathew Owen
9. Father's Occupation	Brakeman on B & O R R
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B F Phillips M D
Address	327 W. Lombard St
Remarks	Still born Child caused by prolonged and hard labor

RETURN OF A BIRTH

411968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 12th 1881
4. *Place of Birth, (Street and Number)* 44 Edmond St
5. *Full Name of Mother,* Kate Walker
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac Co Virginia
8. *Full Name of Father,* William Walker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Accomac County Virginia

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12th 1881
4. *Place of Birth, (Street and Number)* No 421 Grant
5. *Full Name of Mother,* Margaret Mill
6. *Mother's Maiden Name,* Margaret Wick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Wick
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Mayhew

Remarks, Rec'd Jan 20 '81

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19 1901
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 12th 01
4. *Place of Birth, (Street and Number)*	# 130 Lott St.
5. *Full Name of Mother,*	Anna Neubert.
6. *Mother's Maiden Name,*	" Gunbert.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Neubert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	1321 E. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

44971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12th
4. *Place of Birth (Street and Number)* No 36 N. Frederick Street Baltimore Md
5. *Full Name of Mother* Angelina Barzotti
6. *Mother's Maiden Name* — Fureschi
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Jacob. Barzotti
9. *Father's Occupation* Fruit Hand
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26 [illegible] Baltimore

Remarks [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sheet

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wart
3. *Date of Birth,* Januar 12, 1881.
4. *Place of Birth, (Street and Number)* Baeler Avenue
5. *Full Name of Mother,* Kaet Hender
6. *Mother's Maiden Name,* Hender
7. *Mother's Birthplace,* Schermen
8. *Full Name of Father,* Conrad Hender
9. *Father's Occupation,* Brauer B
10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other Person who makes this Return. Catherine Linck

Address, 102 E Bidel St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	12 January 1881
4. Place of Birth (Street and Number)	Wyeth St. 47
5. Full Name of Mother	Mary Oettinger
6. Mother's Maiden Name	Mary Betz
7. Mother's Birthplace	Weinsberg – Weintenberg
8. Full Name of Father	Charles Oettinger
9. Father's Occupation	Engineer
10. Father's Birthplace	Markgroningen Wurtemberg
Name of Medical Attendant, or other Person who makes this Return.	Dr E Reinhard
Address	224 West Lafayette Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44974

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* W. Jan 12 1881
4. *Place of Birth (Street and Number)* Wayne Street 26
5. *Full Name of Mother* Roxy Ann Johns
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore maryland
8. *Full Name of Father* William Thos D
9. *Father's Occupation* Lumber piler
10. *Father's Birthplace* Easton maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs mary Bowen

Address 51 Leadenhall Alley Baltimore

Remarks Just as well as can be expected

44975

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 Of January
4. *Place of Birth, (Street and Number)* Baltimore and 267 franklin
5. *Full Name of Mother,* Annie Catherin Egger
6. *Mother's Maiden Name,* Annie Catherin Stahl
7. *Mother's Birthplace,* No. 475 ~~Kings~~ Baltimore
8. *Full Name of Father,* Paul Egger
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Dunler

Address, No 60 Shroeder St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 12th. 1881 (Ghost)
4. *Place of Birth, (Street and Number)* No. 208 Constitution St. between Eager & Fleet
5. *Full Name of Mother* Annie Nichols
6. *Mother's Maiden Name* Anne Widemeyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Nichols
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.

Address No 185 S. E. cor Central av. & Monument St.

Remarks Her Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	3 Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 12 1881
4. Place of Birth (Street and Number)	No 15 Lexington st
5. Full Name of Mother	Elizabeth Schwartz
6. Mother's Maiden Name	Elizabeth List
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Schwartz
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Fruburger
Address	792 Pratt st
Remarks	

RETURN OF A BIRTH

144978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* of White Race
3. *Date of Birth,* 12 of January 1881
4. *Place of Birth, (Street and Number)* No 330 S. Sharp St - Baltimore
5. *Full Name of Mother,* Mrs Mary L. Schley
6. *Mother's Maiden Name,* Miss Mary L. Harrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Stephen Schley
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Kate Minchk

Address, 8 Lawrenceville Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

44979

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, CITY.

HEALTH DEPARTMENT
FEB 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan 12 1891
4. *Place of Birth, (Street and Number)* 161 Baltimore
5. *Full Name of Mother* Katie Mattison
6. *Mother's Maiden Name* Katie Cummings
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Samuel Mattison
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Freeman

Address 345 Pennsylvania

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 44980

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 14 1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Jan
4. *Place of Birth, (Street and Number)* No 117 Pratt St
5. *Full Name of Mother,* Lizzie Goetzel
6. *Mother's Maiden Name,* Metzger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Goetzel
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No 70 Granby St

Remarks,

advise at the birth of any child, within the city of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. ELLIS, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1+1+981

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

Name of child: Edmund A. Doyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan 13th 1881 13 George St
4. Place of Birth (Street and Number) 13 George St.
5. Full Name of Mother Adeline Doyle
6. Mother's Maiden Name Adeline Ruff
7. Mother's Birthplace Mississippi
8. Full Name of Father J. J. Doyle
9. Father's Occupation Newspaper Carrier
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Felix Jenkins

Address No 2, Cathedral St

Remarks

RETURN OF A BIRTH

14982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1881 BALTIMORE

advise at the Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 13th 1881

4. *Place of Birth, (Street and Number)* 160 Germania St

5. *Full Name of Mother,* Louisa A. Jones

6. *Mother's Maiden Name,* Louisa A. Eibert

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Conrad Jones

9. *Father's Occupation,* Cooper Box Manufacturer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 140 Germania St

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

44983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the No 124 Sommer St
4. *Place of Birth, (Street and Number)* the 13 of Jan.
5. *Full Name of Mother* Mage Biterhof
6. *Mother's Maiden Name* Mage Aberd
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Antony Aberd
9. *Father's Occupation* Laber
10. *Father's Birthplace* Germany

Name of Medical Attendant or other Person who makes this Return.

Address Citina Lauer

Remarks 173 Harfer cru

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11.4981 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th 1881
4. Place of Birth (Street and Number)	Baltimore Barre st No 19
5. Full Name of Mother	Catherine Hamburg
6. Mother's Maiden Name	" Donellan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mike Hamburg
9. Father's Occupation	Engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery st Balto
Remarks	

44985

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Children 4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13
4. *Place of Birth, (Street and Number)*	Barkley St 3
5. *Full Name of Mother,*	Josephine Lijewska
6. *Mother's Maiden Name,*	Josefine Luboinska
7. *Mother's Birthplace,*	Kempen Holland
8. *Full Name of Father,*	John Lijewski
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Colchen Holland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seaback
Address,	439 West Pearl Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

44986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Jewish
3. *Date of Birth,*	13 Jan 1880
4. *Place of Birth, (Street and Number)*	215 Eden St
5. *Full Name of Mother,*	Rosalie Oppenheimer
6. *Mother's Maiden Name,*	Löwenthal
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Sam Oppenheimer
9. *Father's Occupation,*	Glass
10. *Father's Birthplace,*	~~Prussia~~ Fürth
Name of Medical Attendant, or other Person who makes this Return.	Madame Uhlig
Address,	218 Holland St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 13th 1880
4. *Place of Birth, (Street and Number)* No. 200 Cross st
5. *Full Name of Mother,* Elise Baumgartner
6. *Mother's Maiden Name,* Deis
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Andrews Baumgartner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

44988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) January 17 1881

1. Sex (state whether Male or Female) colored
2. Race or Color (if not of the white race) second
3. Date of Birth January 13 1881
4. Place of Birth (Street and Number) 165 king street
5. Full Name of Mother Mary Oliver
6. Mother's Maiden Name Mary Hall
7. Mother's Birthplace Gloster County va
8. Full Name of Father Joseph Oliver
9. Father's Occupation labor
10. Father's Birthplace Eufala ~~Alan~~ Alabama

Name of Medical Attendant, or other Person who makes this Return. Mrs Richardson

Address Mary gehene richson

Remarks pl dater it

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 13 th 1881
4. *Place of Birth, (Street and Number)* No 12 17 Gidmans alley
5. *Full Name of Mother,* Francis Schwartz
6. *Mother's Maiden Name,* Lacjacefski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Schwartz
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lobnasser / midwife

Address, 330 Hanover st.

Remarks,

advise of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 January
4. *Place of Birth, (Street and Number)* 271 Eager
5. *Full Name of Mother,* Katharina Ries.
6. *Mother's Maiden Name,* " " Weimer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Ries
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 240 Barnes St.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

44991

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 13th 1881
4. *Place of Birth, (Street and Number)* 180 Canton Ave
5. *Full Name of Mother,* Georgie E Kopp
6. *Mother's Maiden Name,* " " Sealon
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Kopp
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

44992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 13th 1881
4. *Place of Birth (Street and Number)*	233 Biddle St
5. *Full Name of Mother*	Anna M. Harman
6. *Mother's Maiden Name*	Anna Rebecca Dugal
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	Joseph Harman
9. *Father's Occupation*	House Painter
10. *Father's Birthplace*	Charles County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Wedden
Address	330 Aisquith Street
Remarks	

44993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 13. 1881
4. *Place of Birth* (Street and Number) Maryland. 209 Howard st Balt
5. *Full Name of Mother* Julia Jones
6. *Mother's Maiden Name* Julia Ewell
7. *Mother's Birthplace* Northumberland County Virginia
8. *Full Name of Father* Samuel Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Pina Ewell

Address 209 South Sharp street

Remarks Good attendance

44994

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 13 1880
4. *Place of Birth, (Street and Number)* No 166 N Dallas St
5. *Full Name of Mother,* Rosa Davis
6. *Mother's Maiden Name,* Rosa Betts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H. Davis
9. *Father's Occupation,* Glazier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 266 McDonough St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

#44995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13 1881
4. *Place of Birth, (Street and Number)*	1188 Canton Ave
5. *Full Name of Mother,*	Franciska Semens
6. *Mother's Maiden Name,*	Augst
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Semens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krapf
Address,	1236 Canton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#14996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13th 1881
4. *Place of Birth, (Street and Number)*	#225 Eastern Ave
5. *Full Name of Mother,*	Florenz Burke
6. *Mother's Maiden Name,*	Ese
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Burke
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mc Louis Kraft
Address,	#236 Eastern Ave
Remarks,	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

44997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 January
4. *Place of Birth, (Street and Number)* 16 Anthony St
5. *Full Name of Mother,* Maria Riha
6. *Mother's Maiden Name,* " " Jelinek
7. *Mother's Birthplace,* Bohemia Bohemia
8. *Full Name of Father,* Franz Riha
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Brchov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 44998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1881
BALTIMORE

It is hereby made the duty of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 13th 1881
4. *Place of Birth, (Street and Number)*	Limbard & Carey Sts
5. *Full Name of Mother,*	Dougherty
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno Dougherty
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Edwd F. Michelland
Address,	283. W Limbard
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

44999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 13, 1881
4. *Place of Birth, (Street and Number)* 348 McDonough St
5. *Full Name of Mother,* Mary B. Brown
6. *Mother's Maiden Name,* " " Smallwood
7. *Mother's Birthplace,* do
8. *Full Name of Father,* John H Brown
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. H B White, M.D.

Address, 347 S. Broadway

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. *Sex, (state whether male or female)*	1 Male 1 Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 & 17 January 1881
4. *Place of Birth, (Street and Number)*	197 Germany St.
5. *Full Name of Mother,*	Rachel Ottenheimer
6. *Mother's Maiden Name,*	" Feldenheimer
7. *Mother's Birthplace,*	Hengstfeld Germany
8. *Full Name of Father,*	Louis Ottenheimer
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Bamfield Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	Twins

JOHN E. D. ET, PRINTER & STATIONER, BALT.

45001

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14. 1881
4. *Place of Birth, (Street and Number)* Columbia Avenue No 128
5. *Full Name of Mother,* Caroline Roemer
6. *Mother's Maiden Name,* C. Weiss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Roemer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Seebach No 439 W. Pratt St.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45002

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1901 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5 Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	14 Jan 1881
4. *Place of Birth,* (*Street and Number*)	10 Jefferson Street
5. *Full Name of Mother,*	Helena Heyman
6. *Mother's Maiden Name,*	Seger
7. *Mother's Birthplace,*	~~Germ~~ Baltimore
8. *Full Name of Father,*	Laurence Heyman
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Madam Uhlig
Remarks,	18 Holland St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 14 1891
4. *Place of Birth, (Street and Number)* 102 Hillen St.
5. *Full Name of Mother,* Ana Margrethe Sell
6. *Mother's Maiden Name,* A. M. Ruth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johannis Sell
9. *Father's Occupation,* day laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr R Rudiger

Address, 124 N. Bond St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

450044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 14 d. 1881
4. *Place of Birth, (Street and Number)* 90 n. Gay St.,
5. *Full Name of Mother,* Lisse Minch
6. *Mother's Maiden Name,* L. Landenschlager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Carl Ludwig Minch
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. R. Rudiger

Address, 134 n. Bond St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45005

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 14th 1881
4. *Place of Birth, (Street and Number)*	No. 97 Albemarle Street
5. *Full Name of Mother,*	Mary Stuard
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Petersburg (Va)
8. *Full Name of Father,*	George Stuard
9. *Father's Occupation,*	Pothographer
10. *Father's Birthplace,*	Kuntuckey
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address,	No. 95 Albemarle Street (City)
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 14th 1881
4. *Place of Birth, (Street and Number)* 225 Eastern ave
5. *Full Name of Mother,* Mary Wels
6. *Mother's Maiden Name,* " Rice
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Wels
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank Sts

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN. 20 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 L.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14 1881
4. *Place of Birth, (Street and Number)* 135 S. Bethel Ste.
5. *Full Name of Mother,* Odilie Schaflein
6. *Mother's Maiden Name,* Odilie Hermann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Beder Schaeflein
9. *Father's Occupation,* Wetterer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr R. Rudiger

Address, 134 S. Bond Ste.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

ild of Mother (state whether 1st, 2d, 3d, &c.) 2 d

ate whether Male or Female) female

r Color (if not of the white race) Colored

f Birth January 14 1881

f Birth (Street and Number) No 39 little george st

ame of Mother

s Maiden Name Ann maria Snell

s Birthplace Easton Shoe tolbert County

ame of Father

r Occupation

e Birthplace

f Medical Attendant, or other Person who makes this Return. Sarah Smothers

s No 35 little george street

ss

RETURN OF A BIRTH

45009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE MD

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 14th 1881
4. *Place of Birth, (Street and Number)*	233 Caroline St
5. *Full Name of Mother,*	Josephine M. Magness
6. *Mother's Maiden Name,*	" " Gladstone
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John M. Magness
9. *Father's Occupation,*	Chair Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Wendt
Address,	156 Hanford Ave
Remarks,	

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

145 010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female),* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 14 / 81

4. *Place of Birth, (Street and Number)* 21 Eutaw St

5. *Full Name of Mother,* Bridget Coleman

6. *Mother's Maiden Name,* Shally

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* P. H. Coleman

9. *Father's Occupation,* Harness Maker

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. L. Pierce M.D.

Address, 387 W. Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14. 1881.
4. *Place of Birth, (Street and Number)* Franklin St 453 Balt.
5. *Full Name of Mother,* Katie, Whitney
6. *Mother's Maiden Name,* Katie, Huebner.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Richard, Henry, Whitney.
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Miss Dumbler.

Address, No Schroeder St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth January the 14 1881

4. Place of Birth (Street and Number) Stricker st No 150

5. Full Name of Mother Mary Elizzabeth sewel

6. Mother's Maiden Name Mary Elizzabeth Robison

7. Mother's Birthplace Baltimore

8. Full Name of Father george Washington sewel

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 792 Pratt st

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan 14th 1881
4. *Place of Birth, (Street and Number)* No 148 Burgunda Al
5. *Full Name of Mother* Mary Stone
6. *Mother's Maiden Name* " Kelly
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Kelly
9. *Father's Occupation* Huckster (formally Police
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. Richmond

Address 185 Lee St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

450111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14th 1881
4. *Place of Birth, (Street and Number)* #198 Eastern Ave
5. *Full Name of Mother,* Lizzie Philphs
6. *Mother's Maiden Name,* Spore
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Cornelius Philphs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 2
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 14th 1881
4. *Place of Birth, (Street and Number)* 351 Hanover st
5. *Full Name of Mother* Mary Anna Pritchett
6. *Mother's Maiden Name* Fairbanks
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Benj. Franc Pritchett
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address Hanover & Barre sts

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jany 14th 1881
4. *Place of Birth, (Street and Number)*	301 N Broadway
5. *Full Name of Mother*	Mary C. Setzer
6. *Mother's Maiden Name*	Deck
7. *Mother's Birthplace*	Balti City
8. *Full Name of Father*	Gustavus A. Setzer
9. *Father's Occupation*	Manufacturer of Boxes
10. *Father's Birthplace*	New York City
Name of Medical Attendant, or other Person who makes this Return.	S. W. Schumacher
Address	[illegible]
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) five

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1881 January 14th
4. *Place of Birth (Street and Number)* No 30 Orleans St
5. *Full Name of Mother* Malvina Louisa Warnick
6. *Mother's Maiden Name* " " McBeam
7. *Mother's Birthplace* Anne Arundell Co Md
8. *Full Name of Father* Richard Johnson Warnick
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo W Wagner M.D.

Address 18 Pine St

Remarks

Over

45018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January ~~(14)~~ 17-1881
4. *Place of Birth (Street and Number)* No 17 Russell St
5. *Full Name of Mother* Laura I. Fisher
6. *Mother's Maiden Name* " " Vansant
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Fisher
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. J C Burch M D

Address 151 Hanover St

Remarks Full name - Benjamin Franklin Fisher

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Rowena D. West

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 14th 1881

4. Place of Birth (Street and Number) 427 Madison Av

5. Full Name of Mother Rowena West

6. Mother's Maiden Name Rowena Caughey

7. Mother's Birthplace Baltimore

8. Full Name of Father W C West

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W Mittenberger

Address 421 W Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 14 1881

4. Place of Birth (Street and Number) 345 Linden Av

5. Full Name of Mother Elizabeth Egerton

6. Mother's Maiden Name Elizabeth Wilson

7. Mother's Birthplace Maryland

8. Full Name of Father Saml. E Egerton

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. S W Mittenberger

Address 121 Williamson St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th
4. *Place of Birth, (Street and Number)*	No. 78 Boots St
5. *Full Name of Mother,*	Victoria Bridinger's
6. *Mother's Maiden Name,*	Victoria Kliemman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Bridinger
9. *Father's Occupation,*	Basket Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr Seebach
Address,	
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45022

RETURN OF A BIRTH

CERTIFICATE CORRECTED 6-3-63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

Name: Alwine Wilhelmine Beyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 January, 1881
4. *Place of Birth, (Street and Number)* 15 Jefferson
5. *Full Name of Mother,* ~~Johanna~~ ~~Beier~~ Johanne Beyer
6. *Mother's Maiden Name,* Borcherding ~~Burkhardt~~
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* ~~Louis~~ ~~Beier~~ Ludwig Beyer
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45023

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Jan 1881
4. *Place of Birth, (Street and Number)* 66 Hamsted St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* — — Wake
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Smith
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Ullig

Remarks, 18 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 15th 1881
4. *Place of Birth (Street and Number)* 16 Baker St
5. *Full Name of Mother* Kate Haughey
6. *Mother's Maiden Name* Kaufman
7. *Mother's Birthplace* Balto
8. *Full Name of Father* William Haughey
9. *Father's Occupation* lear driver
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler M.D.

Address 649 Penna Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45025

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ed Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 15 th 1881
4. *Place of Birth, (Street and Number)*	# 132 West st
5. *Full Name of Mother,*	Johanna Müßen
6. *Mother's Maiden Name,*	Fricking
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Müßen
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address,	330 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

115026

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan. 17th 1881.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan 15th 1881
4. *Place of Birth, (Street and Number)* No 161 S. Bollington ave.
5. *Full Name of Mother* Lizzie Freudemier.
6. *Mother's Maiden Name* Lizzie Meiring.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John H Freudemier.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Smead.

Address No 137 S Wolfe St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45027

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13th Jan 1881
4. *Place of Birth, (Street and Number)* 40 Woodwear St
5. *Full Name of Mother* Mary Cathern Pumphrey
6. *Mother's Maiden Name* Mary Cathern Lewis
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* John Wesley Pumphrey
9. *Father's Occupation* Meat dealer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroll Pressman St 611

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15th 1881
4. *Place of Birth, (Street and Number)* No 513 Light Street
5. *Full Name of Mother,* Emily Bryant
6. *Mother's Maiden Name,* Emily Porter
7. *Mother's Birthplace,* Carroll Co- md
8. *Full Name of Father,* James Bryant
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 15th 1881
4. *Place of Birth, (Street and Number)* 422 Canton ave
5. *Full Name of Mother,* Hermina Engner
6. *Mother's Maiden Name,* " Triebe
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Carl Engner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45030

o the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) 3d

tate whether male or female) female

or Color, (if not of the white race) white race

f Birth January the 15th

of Birth, (Street and Number) Baltimore fort st No 41

Name of Mother Kate Dudley

r's Maiden Name Kate Bisser

r's Birthplace york pa

Name of Father orlanday Dudley

r's Occupation laboar

r's Birthplace virginia

of Medical Attendant, or other Person who makes this Return. Elizabeth Hithorn

ss william st No 3.y4

rks

45031

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of January 1881
4. *Place of Birth, (Street and Number)* 21 Cherpeak St
5. *Full Name of Mother,* Margret Selose
6. *Mother's Maiden Name,* " Mueler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christopher Selose
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan ~~Bethel Court~~ 15th 1881
4. *Place of Birth (Street and Number)* Bethel Court
5. *Full Name of Mother* Mary Brown
6. *Mother's Maiden Name* Milly Weatherly
7. *Mother's Birthplace* Cambridge
8. *Full Name of Father* Gerry Brown
9. *Father's Occupation* Oystering
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Seaton

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1861 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 15ten Januar
4. *Place of Birth, (Street and Number)* No 3. Lombester Str
5. *Full Name of Mother,* Louise Teikmann
6. *Mother's Maiden Name,* Louise Nudmann
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Thomas Teikmann
9. *Father's Occupation,* Steweder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

450344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 15 1881
4. *Place of Birth, (Street and Number)* 294 lombard street
5. *Full Name of Mother* Louise h brown
6. *Mother's Maiden Name* Louise h nathany
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* James ed brown
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary Conner 153

Address Collington avenue

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45035

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 15 of Jany
4. *Place of Birth, (Street and Number)* No 311 Dales St
5. *Full Name of Mother* Hellena Albrecht
6. *Mother's Maiden Name* Hellena Langhirt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sebastian Langhirt
9. *Father's Occupation* Tahler
10. *Father's Birthplace* Germany

Name of Medical Attendant or other Person who makes this Return.

Address Cristina Lauer

Remarks 173 Harper Ave.

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 15th 1881
4. *Place of Birth (Street and Number)* No. 50 Poppleton St.
5. *Full Name of Mother* Ellen Lawson
6. *Mother's Maiden Name* Ellen Mehoney
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George W. Lawson
9. *Father's Occupation* Sawyer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Mercer

Address No. 136 No. Henry St. Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 15th 1881
4. *Place of Birth, (Street and Number)* # 62 Camden St.
5. *Full Name of Mother* Mary Verdiani
6. *Mother's Maiden Name* Mary Angele
7. *Mother's Birthplace* France
8. *Full Name of Father* Louis Verdiani
9. *Father's Occupation* Liquor Store
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 East Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115038

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 15th 1881.
4. *Place of Birth, (Street and Number)* #21 Grammount avenue.
5. *Full Name of Mother* Mary Becker.
6. *Mother's Maiden Name* Mary Mason.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Frank Becker.
9. *Father's Occupation* Milk Dairy.
10. *Father's Birthplace* Pinshania

Name of Medical Attendant, or other Person who makes this Return. Dena Hollegeist

Address 182 E Monument St.

Remarks

...t any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise ...t the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45039

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 15th 1881.
4. *Place of Birth, (Street and Number)* # 142. Chew street.
5. *Full Name of Mother* Augusta Beckmann
6. *Mother's Maiden Name* Augusta Crone.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Beckmann.
9. *Father's Occupation* Grocery.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. Hillegeist.

Address 182. E Monument Street.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45040

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* Colled
3. *Date of Birth* the 15 Jany 1881
4. *Place of Birth, (Street and Number)* No 64 East Ten
5. *Full Name of Mother* Amy Jackson
6. *Mother's Maiden Name* Amy ~~Tatus~~ Tompson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Emmy Jackson
9. *Father's Occupation* Water
10. *Father's Birthplace* Quin Anne County

Name of Medical Attendant, or other Person who makes this Return. Robt Williams

Address 70 Chesnut Ten

Remarks Mother and Child day wtr

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

45041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPAR[illegible] FEB 2 1881 BALTIMO[illegible]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 15th 1881
4. Place of Birth (Street and Number) No 161 Gough St.
5. Full Name of Mother Florence Griggs
6. Mother's Maiden Name F. Walker
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George W. Griggs
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John S. Lynch M.D.

Address 17 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

450423

HEALTH DEPARTMENT
2
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan'y 15th 1881
4. *Place of Birth, (Street and Number)*	No 68 Harlem av.
5. *Full Name of Mother*	Eva T. Christian
6. *Mother's Maiden Name*	Taylor
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Jno. D. Christian
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barrister
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

450443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1d

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* Jan the 15 1881
4. *Place of Birth,* (*Street and Number*) Baltimore Raburg st No 76
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* St Mary Co md
8. *Full Name of Father,* Christian Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address, 83 Oxford St

Remarks,

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4 4 0 4 4 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 15. 81.
4. Place of Birth (Street and Number)	80 N. Caroline St.
5. Full Name of Mother	Susan A. Sutherland
6. Mother's Maiden Name	" " Baker
7. Mother's Birthplace	Balto. md.
8. Full Name of Father	Wm. A. Sutherland
9. Father's Occupation	Store Keeper -
10. Father's Birthplace	Ireland -
Name of Medical Attendant, or other Person who makes this Return.	John J. King, M.D.
Address	215 N. Carrollton Ave
Remarks	

45045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 15th 1881

4. Place of Birth (Street and Number) 1981 McCulloh st

5. Full Name of Mother Frances Lanahan

6. Mother's Maiden Name " Frances Reider

7. Mother's Birthplace Baltimore

8. Full Name of Father Saml. D Lanahan

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 121 W. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45046

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 15th 1881
4. *Place of Birth, (Street and Number)* 21 Parkin St
5. *Full Name of Mother* Mary Summer
6. *Mother's Maiden Name* " Bender
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles J. Summer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St S

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 16 th 1881
4. *Place of Birth, (Street and Number)*	№ 7 Spring court
5. *Full Name of Mother,*	Anna C. Brien
6. *Mother's Maiden Name,*	Agen
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John C. Brien
9. *Father's Occupation,*	Tedar
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. Schwasser midwife
Address,	330 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 16th 1881
4. *Place of Birth, (Street and Number)*	No 351 S. Charles st
5. *Full Name of Mother,*	Margareth Müller
6. *Mother's Maiden Name,*	Schmees
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Müller
9. *Father's Occupation,*	Dyer and Scourer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address,	330 Hanover st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 11504 J

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 11 [illegible]

HEALTH DEPARTMENT JAN 12 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan 16th 1890
4. *Place of Birth, (Street and Number)* 141 Bank Street
5. *Full Name of Mother* Josephine Schuckard.
6. *Mother's Maiden Name* Josephine Falschetisch.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Schuckard.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street

Remarks (4)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 16th 1881
4. *Place of Birth, (Street and Number)* 25 Elbow Lane
5. *Full Name of Mother,* Elizabeth Alton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County MD
8. *Full Name of Father,* Edward Alton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert Co MD

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45051

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female Female

2. *Race or Color, (if not of the white race)* White White

3. *Date of Birth,* Sunday 16 January 16.

4. *Place of Birth, (Street and Number)* No 2 Smith St Balto

5. *Full Name of Mother,* Mary Catherine Buderer

6. *Mother's Maiden Name,* Mary C. Bauer.

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Henry Buderer

9. *Father's Occupation,* Cabinetmaker.

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sommerfield

Address, 323 Franklin St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16th 81
4. *Place of Birth, (Street and Number)*	Bertha Kelley # 234 E. Eutaw St.
5. *Full Name of Mother,*	" Muhl
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	John Kelley
8. *Full Name of Father,*	Gluso Blower
9. *Father's Occupation,*	Ireland.
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Mary Krohe
Address,	" 328 E. Eutaw St.
Remarks,	

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45053

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 18th
4. *Place of Birth, (Street and Number)* 46 Hamburg St.
5. *Full Name of Mother,* Laura A. Trexler
6. *Mother's Maiden Name,* Laura A. Nolan
7. *Mother's Birthplace,* Westmoreland Co. Va.
8. *Full Name of Father,* Eugene B. Trexler
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mr. A. Cottrell

Address, 108 William St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1150354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Januar 16 1881
4. *Place of Birth, (Street and Number)* 121 Molkenstr.
5. *Full Name of Mother,* Mina Herr
6. *Mother's Maiden Name,* Mina Kolb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Herr
9. *Father's Occupation,* Kopper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. Re. Rudiger

Address, 134 n. Bond St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3 d.

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* January 16 1881
4. *Place of Birth,* (*Street and Number*) 235 E. Eutaw St.
5. *Full Name of Mother,* Friedrike Link
6. *Mother's Maiden Name,* Friedrike Dressel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Link
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address, 134 E. Baltimore

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1851 BALTIMORE

115056

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* No 8 Willingen Court
5. *Full Name of Mother,* Emilie Roemer
6. *Mother's Maiden Name,* Kolcher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Raemer
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Grundy St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

45057

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16th Jan. 1881
4. *Place of Birth, (Street and Number)* 499 McEldery St
5. *Full Name of Mother,* Delia Dockins
6. *Mother's Maiden Name,* Delia Soil
7. *Mother's Birthplace,* Havre de Grace
8. *Full Name of Father,* Andrew Dockins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mr Leah Walker

Address, No 15 Duncan Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45058

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of January 1881
4. *Place of Birth, (Street and Number)* 177 Carlington Av
5. *Full Name of Mother,* Margret Schrifer
6. *Mother's Maiden Name,* Schrifer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Schrifer
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, No. 12 Patterson Park Av

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45059

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16. of January
4. *Place of Birth, (Street and Number)* 13 Port St.
5. *Full Name of Mother,* Barby Hosenei
6. *Mother's Maiden Name,* " Schmeiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Hosenei
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1885 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th January
4. *Place of Birth (Street and Number)* 272 E Eager 96 cor Gay
5. *Full Name of Mother* Delia Scherf
6. *Mother's Maiden Name* Delia McLaughlin
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Charles F. Scherf
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Province of Saxony

Name of Medical Attendant, or other Person who makes this Return. Kate Lanahan

Address 242 N. Central Ave

Remarks doing well

RETURN OF A BIRTH

115061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex, (state whether male or female)* Knabe

2. *Race or Color, (if not of the white race)* Schwarz

3. *Date of Birth,* geboren den 16ten Januar

4. *Place of Birth, (Street and Number)* No 108 Eastern Av

5. *Full Name of Mother,* Alle Aligot

6. *Mother's Maiden Name,* Alle Lory

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Aligot

9. *Father's Occupation,* Handarbeiter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dolphin St

Remarks, Hemma

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45062

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 16th 1881
4. *Place of Birth, (Street and Number)* Baltimore Parkin St No. 47
5. *Full Name of Mother* Annie Love
6. *Mother's Maiden Name* " Burns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Love
9. *Father's Occupation* Shoe-Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 14 Ramsey St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1,506.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 16th
4. *Place of Birth, (Street and Number)* 1319 Hanstead st
5. *Full Name of Mother* Louisa Weis
6. *Mother's Maiden Name* Elbrick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Weis
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address No 53 S. Bond st

Remarks

RETURN OF A BIRTH,

11506 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 16th 1891.
4. *Place of Birth, (Street and Number)* # 12 Valley st.
5. *Full Name of Mother* Barbara Piller
6. *Mother's Maiden Name* Barbara Sadtler
7. *Mother's Birthplace* Shrewsbury, Pa.
8. *Full Name of Father* John Piller.
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegas.

Address 182 E Monument st.

Remarks

45065

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 29 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth* January 16th 1881
4. *Place of Birth, (Street and Number)* No 114 Ensor St.
5. *Full Name of Mother* Rebecca Jackson
6. *Mother's Maiden Name* Rebecca Mason
7. *Mother's Birthplace* St Marys County Md
8. *Full Name of Father* Losurs Jackson
9. *Father's Occupation* Grain Carrier
10. *Father's Birthplace* St. Marys County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ma. A. Butt

Address No 185. S. E. cor. Centrel av. & Monument St.

Remarks Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* 15 Cemetary Lane
5. *Full Name of Mother,* Anna Janda
6. *Mother's Maiden Name,* " Gelichar
7. *Mother's Birthplace,* Velky Bohimia
8. *Full Name of Father,* Jakob Janda
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ranic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45067

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 16. 1881
4. *Place of Birth, (Street and Number)* S. Schappel str. 12
5. *Full Name of Mother,* Barbara Blotkamp
6. *Mother's Maiden Name,* Thum
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Valentin Blotkamp
9. *Father's Occupation,* Hacktreiber
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baubach

Address, S. Wolf str. No 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11568

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	White
2. *Race or Color (if not of the white race)*	Female.
3. *Date of Birth*	January 16. 1881.
4. *Place of Birth (Street and Number)*	222 E. Aun St.
5. *Full Name of Mother*	Elizabeth Randolph.
6. *Mother's Maiden Name*	Elizabeth Forbes.
7. *Mother's Birthplace*	Pennsylvania.
8. *Full Name of Father*	Joseph M. Randolph.
9. *Father's Occupation*	Baggage Master P. W. & B. R. R.
10. *Father's Birthplace*	D. C.
Name of Medical Attendant, or other Person who makes this Return.	Hoch M.D.
Address	75 E. Balto St.
Remarks	

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 16th 1881
4. *Place of Birth (Street and Number)* Gladstone Street
5. *Full Name of Mother* Rosalie Harris
6. *Mother's Maiden Name* Sloan
7. *Mother's Birthplace* America
8. *Full Name of Father* William James Harrison
9. *Father's Occupation* Sailor
10. *Father's Birthplace* U. S. A.

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams M.D.

Address #17 Patterson Street

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 16. 1881
4. *Place of Birth (Street and Number)* 145 Edmondson ave
5. *Full Name of Mother* Mary P. Mendenhall
6. *Mother's Maiden Name* Mary Pennock
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Howard L. Mendenhall
9. *Father's Occupation* Manager of American S. M. Co
10. *Father's Birthplace* Penna.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill

Address 129 Hoseddale St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45071

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 17, 1880
4. *Place of Birth, (Street and Number)* N. Dallas St. No. 36.
5. *Full Name of Mother,* Kunigunde Kohl.
6. *Mother's Maiden Name,* Kunigunde Piller
7. *Mother's Birthplace,* Aldenstadt. K. Baiern Germany
8. *Full Name of Father,* Andreas Kohl.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Lerau. K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 1150 72

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 17 1881

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan 17th 1881.
4. *Place of Birth, (Street and Number)* 38 California Hill.
5. *Full Name of Mother* Maggie Garrett
6. *Mother's Maiden Name* Maggie Trautner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Chas Garrett.
9. *Father's Occupation* Railroad company.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 131 South Wolfe St.

Remarks W

RETURN OF A BIRTH

2 5 0 7 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 17th 1881
4. *Place of Birth, (Street and Number)* 110 Thames st.
5. *Full Name of Mother,* Henrietta Harmes
6. *Mother's Maiden Name,* " Dojohn
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Chas Harmes.
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1450714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jany 17th 1881

4. *Place of Birth, (Street and Number)* ~~[illegible]~~ 315 Chas

5. *Full Name of Mother,* Ida M. ~~[illegible]~~ West

6. *Mother's Maiden Name,* Ida M. Jenkins

7. *Mother's Birthplace,* A. A. Co Md

8. *Full Name of Father,* James H. West

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodr Cook M.D.

Address, 146 Hanover

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

115075

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd,
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White,
3. *Date of Birth*	January 17. 1881.
4. *Place of Birth* (Street and Number)	61. Hull St.
5. *Full Name of Mother*	Caroline Tomlison,
6. *Mother's Maiden Name*	Caroline Seal,
7. *Mother's Birthplace*	Winchester, Va.
8. *Full Name of Father*	Geo. W. Tomlison
9. *Father's Occupation*	Engineer.
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Mc. Sullivan, M. D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 45076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Kind

1. *Sex, (state whether male or female)* Bub CONRAD HERMAN Schlutter
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 17ter Januar
4. *Place of Birth, (Street and Number)* No 311. Alexander Str
5. *Full Name of Mother,* Dohres. Schlutter
6. *Mother's Maiden Name,* Dohres Jacobson
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* August. Schlutter
9. *Father's Occupation,* Blacksmidt
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 L. Dallas St

Remarks, Hemme.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th -
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 17, 1881.
4. Place of Birth (Street and Number)	12 Booth St.
5. Full Name of Mother	Catherine Drinson
6. Mother's Maiden Name	" Moran.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Drinson.
9. Father's Occupation	Grocer.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	135 Saratoga St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17th 1881
4. *Place of Birth, (Street and Number)* No 142 Scott St Baltimore Md
5. *Full Name of Mother,* Caroline Clayer
6. *Mother's Maiden Name,* Caroline Simmons
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George M Clayer
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Irving E. Bentley

Address,

Remarks, Child living

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 17th 1881
4. *Place of Birth, (Street and Number)* Baltimore St. Peter at No. 10
5. *Full Name of Mother* Sarah Curren
6. *Mother's Maiden Name* " Adams
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charles Curren
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ramsay st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45050

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* " White
3. *Date of Birth* Jan. 17th 1881
4. *Place of Birth, (Street and Number)* Baltimore Parkin at St. 11
5. *Full Name of Mother* Mary McCullough
6. *Mother's Maiden Name* " Conna
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John McCullough
9. *Father's Occupation* Painter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 14 d Ramsey

Remarks

RETURN OF A BIRTH

45081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 9th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 17th 1881
4. *Place of Birth, (Street and Number)*	147 Washington St
5. *Full Name of Mother,*	M. C. B. Flaherty
6. *Mother's Maiden Name,*	M. C. Brandiff
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	L. S. Flaherty
9. *Father's Occupation,*	Magistrate
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address,	171 Washington Street
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

45082

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17th 1881
4. *Place of Birth, (Street and Number)* 197 Asquith
5. *Full Name of Mother,* Rebeca Reynolds.
6. *Mother's Maiden Name,* Rebecca Brome
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William G Reynolds
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Pennsylvania Chester county.

Name of Medical Attendant, or other Person who makes this Return Mrs E A White

Address, 196 Greenmount Ave.

Remarks,

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

115053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 17th 1881
4. *Place of Birth, (Street and Number)* No 68 Castle st
5. *Full Name of Mother,* Margaretta Merz
6. *Mother's Maiden Name,* " Preller
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Conrad Merz
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45084

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 292 N. Broadway
5. *Full Name of Mother,* Anna Melke
6. *Mother's Maiden Name,* " " Luther
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Melke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 17th 1881
4. *Place of Birth, (Street and Number)* 457 East St
5. *Full Name of Mother,* Rose Wheeler
6. *Mother's Maiden Name,* Rose Wheeler
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 457 East St

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 17th 1881
4. *Place of Birth, (Street and Number)* N° 378 Park ave
5. *Full Name of Mother,* Mary M. Wagner
6. *Mother's Maiden Name,* Mary M. Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Basil Wagner
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Whatard M.D.

Address, N° 114 Park ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45088

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 17. '81
4. *Place of Birth, (Street and Number)* 66 S Poppleton
5. *Full Name of Mother,* Louisa Smith
6. *Mother's Maiden Name,* Peaster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Smith
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W F A Kemp

Address. 35 N Greene

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend. ssist or advise nt the birth of nny child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15089

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 18, 1881.
4. Place of Birth (Street and Number)	164 E Monument St.
5. Full Name of Mother	Mary Bell Webb.
6. Mother's Maiden Name	Bell.
7. Mother's Birthplace	Virginia
8. Full Name of Father	George W. Webb.
9. Father's Occupation	R. R. conductor W. Md. R.R.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr H. P. Morgan
Address	175 Lombard St.
Remarks	

43090

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 1881
4. *Place of Birth, (Street and Number)* Baltimore Allot st No 4
5. *Full Name of Mother,* Ma. Hasek
6. *Mother's Maiden Name,* Ma. Shaha
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Hasek
9. *Father's Occupation,* Bohemia
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfer

Address, 69 Washington st

Remarks,

Mary Kopfer

Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18th 81
4. *Place of Birth, (Street and Number)*	# 284 Montgomery St.
5. *Full Name of Mother,*	Fredericka Stroble
6. *Mother's Maiden Name,*	Palm
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Stroble
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	# 328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 18th 1881
4. Place of Birth (Street and Number)	710 Lexington St
5. Full Name of Mother	Jennie Foster
6. Mother's Maiden Name	Jennie McLain
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas Evans Foster
9. Father's Occupation	Plumber.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. S. Jordan, M.D.
Address	126 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 18th 1881
4. *Place of Birth (Street and Number)*	202 Pennsylvania Av
5. *Full Name of Mother*	Mary Ann Ross
6. *Mother's Maiden Name*	" " Ferguson
7. *Mother's Birthplace*	On Ship from Ireland
8. *Full Name of Father*	James F Ross
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. D. Booker
Address	162 Madison St.
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45094

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 20th

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 15th 1881.
4. *Place of Birth, (Street and Number)* 221 Register St.
5. *Full Name of Mother* Lizzie Robinson
6. *Mother's Maiden Name* Lizzie Knight.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charlie Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe Street

Remarks 112

45095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 18 1881
4. *Place of Birth (Street and Number)* Baltimore ridgely St 102
5. *Full Name of Mother* amelia C. bredley
6. *Mother's Maiden Name* amelia C. rush
7. *Mother's Birthplace* Baltimore M.D.
8. *Full Name of Father* Jonathan J. Bredley
9. *Father's Occupation* laborer
10. *Father's Birthplace* County delaware

Name of Medical Attendant, or other Person who makes this return Mrs. M. Shaffer ridgley St 114

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45096

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 18 - 1881
4. *Place of Birth, (Street and Number)* No 455 E Eagar Street
5. *Full Name of Mother,* Catherine Neaver
6. *Mother's Maiden Name,* Catherine Ulrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John N. Werner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address, 326 McDougall

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1881
4. Place of Birth (Street and Number)	58 Orleans St
5. Full Name of Mother	Eliza Mary Fitzgerald
6. Mother's Maiden Name	Eliza Mary Rocks
7. Mother's Birthplace	Liverpool England
8. Full Name of Father	Stephen Fitzgerald
9. Father's Occupation	Carpenter
10. Father's Birthplace	Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. F. Tearney M.D
Address	58 N. Front St
Remarks	—

1-5098

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Jany 18 — 81

4. *Place of Birth (Street and Number)* 212 W. Pratt

5. *Full Name of Mother* Angaline Button

6. *Mother's Maiden Name* " McCann

7. *Mother's Birthplace* Md

8. *Full Name of Father* William Button

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R. B. P. Ellis

Address 313 Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46099

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jany 18th 1881
4. *Place of Birth (Street and Number)* 53 S. Boradway
5. *Full Name of Mother* Elizabeth Curran
6. *Mother's Maiden Name* Elizabeth McDonald
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Nicholas Curran
9. *Father's Occupation* Undertaker & Cabinet Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address 61 N. Colvert & Read Sts,

Remarks

RETURN OF A BIRTH

45100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 375 Orleans
5. *Full Name of Mother,* Mathilda Hen
6. *Mother's Maiden Name,* Dreser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michel Hen
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 Eastmbard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 21 Bank
5. *Full Name of Mother,* Maria Henise
6. *Mother's Maiden Name,* Moldan
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Orsi Henise
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dana Casper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan. 18th 1881
4. Place of Birth (Street and Number) No. 3 Parrish St
5. Full Name of Mother Sara Dowell
6. Mother's Maiden Name Sara Fox
7. Mother's Birthplace Essex Co. Va.
8. Full Name of Father John Thomas Dowell
9. Father's Occupation Driver, express wagon
10. Father's Birthplace Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. J. H. S. Jordan

Address 126 Mulberry St

Remarks I was called to see this child, who had hemorrhage from the cord, the nurse had sent no certificate so I do so.

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45103

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Jan. 1881
4. *Place of Birth, (Street and Number)* Balto. Fayette st No 56
5. *Full Name of Mother,* M. Rusicka
6. *Mother's Maiden Name,* Ma. Kopecka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jo. Rusicka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return May Kaptisch

Address, 69 Washington st

Remarks, May Kaptisch

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11 5704

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Jan. 1881
4. *Place of Birth, (Street and Number)* Balto. Orleans st No 228
5. *Full Name of Mother,* Lizzie Biba
6. *Mother's Maiden Name,* Lizzie Keller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ant. Keller
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Baptist

Address, 09 Washington st

Remarks, Mary Baptist

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11510 5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 19 Jan 1881
4. *Place of Birth, (Street and Number)* 53 Lewis St
5. *Full Name of Mother,* Sahar Levy
6. *Mother's Maiden Name,* Isaacks
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Harris Levy
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uhlig

Address, 48 Holland St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18 Jany - annie Howard

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 18 tuesday morning two o'clock
4. *Place of Birth (Street and Number)* Room No 14 - little Pine St
5. *Full Name of Mother* annie Bishop
6. *Mother's Maiden Name* annie Bishop
7. *Mother's Birthplace* Tolbart Co maryland
8. *Full Name of Father* Edward Howard
9. *Father's Occupation* Waiter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mid Wife

Address Henry Hutchins 14 little Pine St

Remarks

excuse me for not Writen before I have been sick

~~mid wife~~

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 18 January
4. *Place of Birth,* (Street and Number) 42 N Caroline St
5. *Full Name of Mother,* Anna Rechlie
6. *Mother's Maiden Name,* " " Gratkiewicz
7. *Mother's Birthplace,* Frederic Md.
8. *Full Name of Father,* Christian Rechlie
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Czechen Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* withe
3. *Date of Birth,* January 18th.
4. *Place of Birth, (Street and Number)* 140. Conway Street.
5. *Full Name of Mother,* Agnes Dorethea Graefe
6. *Mother's Maiden Name,* Agnes Fritschner.
7. *Mother's Birthplace,* Osterode. Germany.
8. *Full Name of Father,* Ernst. Edward Herman Graefe.
9. *Father's Occupation,* Cabinetmaker.
10. *Father's Birthplace,* Langensalza. Prussia. Germany.

Name of Medical Attendant, or other Person who makes this Return. Miss Münch

Address, 8 Leatenhall Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-5109

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 18. 1881
4. *Place of Birth, (Street and Number)* 392 E. Balt. St. cor. Washington
5. *Full Name of Mother,* Mary Veisley Rusk,
6. *Mother's Maiden Name,* Mary Veisley,
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* G. Glanville Rusk
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville Rusk M.D.

Address, Balt & Washington Sts.

Remarks, Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45110

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18 '81
4. *Place of Birth, (Street and Number)* No. 60 S. Popleton St.
5. *Full Name of Mother,* Barbara Zimmerman
6. *Mother's Maiden Name,* " Dainer
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franklin Zimmerman.
9. *Father's Occupation,* City Police Office
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other Person who makes this Return. M. J. Loman

Address, 435 W. McHenry St

Remarks, Twin Child.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45111

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan 18th 1901
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother* Barbara Klipple
6. *Mother's Maiden Name* Barbara Grob
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustav Klippel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 345 [illegible]

Remarks

Extract Regulations of the Board of Health to Record Vital and Correct

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 20th, 1884.

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Jan 19th 1884
4. *Place of Birth, (Street and Number)* 6 Boston Street.
5. *Full Name of Mother* Selma Johnson.
6. *Mother's Maiden Name* Selma Mayer.
7. *Mother's Birthplace* America
8. *Full Name of Father* Thomas Johnson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ament

Address 137 South Wolfe St.

Remarks

RETURN OF A BIRTH

11-5713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 19th 1881
4. *Place of Birth, (Street and Number)*	456 Cross St
5. *Full Name of Mother,*	Mary A ~~Eizer~~ Eizer
6. *Mother's Maiden Name,*	Mary A Shiner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michael Eizer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D
Address,	146 Lanvale St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan: 19th
4. *Place of Birth (Street and Number)*	24 Mulberry St.
5. *Full Name of Mother*	Kate Hagner
6. *Mother's Maiden Name*	Kate Hurst
7. *Mother's Birthplace*	Phila Penn
8. *Full Name of Father*	Seymour T. Hagner
9. *Father's Occupation*	Prof. Dancing & Etiquette
10. *Father's Birthplace*	Phila Pa
Name of Medical Attendant, or other Person who makes this Return.	Felix Lemmond
Address	No. 2 Cathedral St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 115115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 19. 1881
4. *Place of Birth, (Street and Number)* 124 Fort Ave.
5. *Full Name of Mother* Mary E White
6. *Mother's Maiden Name* Mary E Allen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John White
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19 1881
4. *Place of Birth, (Street and Number)* No 638 South Charles St
5. *Full Name of Mother,* Hannah M Biggs
6. *Mother's Maiden Name,* Hannah M Board
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Jonathan Wm Biggs
9. *Father's Occupation,* Engineer B & O R R
10. *Father's Birthplace,* Annarundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22? 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* January 19th 1881
4. *Place of Birth* (Street and Number) 80 Orchard St.
5. *Full Name of Mother* Augusta Bell
6. *Mother's Maiden Name* Augusta Johnson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Bell
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Green M.D.

Address 270 N. Charles St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 19th Jan. 1881
4. Place of Birth (Street and Number) 72 Pearl st
5. Full Name of Mother Elisabeth Oberdalhoff
6. Mother's Maiden Name Elisabeth Guehl
7. Mother's Birthplace* Hattendorff Kurhessen Germany
8. Full Name of Father Henry Oberdalhoff
9. Father's Occupation Liquor dealer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Hewmann M. D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

11513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex ~~(state whether Male or Female)~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 19 1881
4. Place of Birth (Street and Number) 169 Preston
5. Full Name of Mother Mary Carman
6. Mother's Maiden Name
7. Mother's Birthplace Maryland
8. Full Name of Father Thos Carman
9. Father's Occupation Machinist
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address William Lee

Remarks

Dr. R. C. Lee

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted]

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 19 th
4. *Place of Birth, (Street and Number)* 22 Wythet st
5. *Full Name of Mother,* Carry Wright
6. *Mother's Maiden Name,* Carry Hayes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wright
9. *Father's Occupation,* Labor Brick Burner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Bentz

Address,

Remarks, Child living

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 19th 1889
4. Place of Birth, (Street and Number) Baltimore S. Pace No. 136
5. Full Name of Mother Elizebeth Rogen
6. Mother's Maiden Name " Voylenan
7. Mother's Birthplace Baltimore
8. Full Name of Father James. Rogen
9. Father's Occupation Driver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ramsey st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

4572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 ch

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 19 1881
4. *Place of Birth, (Street and Number)* Hull St no 31
5. *Full Name of Mother* Lizia Barrett
6. *Mother's Maiden Name* Lizia Brown
7. *Mother's Birthplace* London Elang
8. *Full Name of Father* John Barrett
9. *Father's Occupation* Labour
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address No 13 Cubiast

Remarks Locust Point

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 17 1881
4. Place of Birth, (Street and Number) Hull St No 7
5. Full Name of Mother Sarah Carter
6. Mother's Maiden Name Sarah Callahan
7. Mother's Birthplace Washington D C.
8. Full Name of Father Anthony Carter
9. Father's Occupation Plumber
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address

Remarks

Extract [illegible]ulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jany 19
4. *Place of Birth (Street and Number)* 61 William St.
5. *Full Name of Mother* Emma Linthicum
6. *Mother's Maiden Name* " Fower
7. *Mother's Birthplace* Md.
8. *Full Name of Father* S. Linthicum
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R. W. P. Ellis

Address 313 Light St.

Remarks

4512 B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) F.
2. Race or Color (if not of the white race)
3. Date of Birth 19th January 1881
4. Place of Birth (Street and Number) 84 Hill
5. Full Name of Mother Jessie Falk
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Ireland
8. Full Name of Father George Falk
9. Father's Occupation Coal merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Webster, M.D.

Address 59 Barnes St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45126

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 19 1881
4. *Place of Birth, (Street and Number)* 155 n. Edenst.
5. *Full Name of Mother,* Margreth Miller
6. *Mother's Maiden Name,* Margr. Ruhl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhard Miller
9. *Father's Occupation,* Kabendar
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 n. Bondst.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE.

f Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

ex (state whether male or female) Male

ace or Color, (if not of the white race) white race

ate of Birth January the 19

lace of Birth, (Street and Number) Baltimore fort w No 1.9

Full Name of Mother ann Elisabeth Johnson

other's Maiden Name ann Elisabeth Whit

other's Birthplace Delaware

ull Name of Father William Johnson

ather's Occupation watermen

ather's Birthplace Baltimore

ame of Medical Attendant, or other Person who makes this Return. Elisabeth Flathorn

ddress William St No 2.44

emarks

45128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) 9th

1. ~~Sex (state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 19th 1881
4. Place of Birth (Street and Number) 169 Preston st
5. Full Name of Mother Mary — Carman
6. Mother's Maiden Name Mary — Carroll
7. Mother's Birthplace Maryland
8. Full Name of Father Thos Carman
9. Father's Occupation Machinist
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address Entaw & H of Inman

Remarks

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.5.129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Jan 14 1881
4. *Place of Birth (Street and Number)* Dover st No 24 Baltimore
5. *Full Name of Mother* alice a gross
6. *Mother's Maiden Name* alice a Johnson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel gross
9. *Father's Occupation* stove fixer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address mary ann dowry 6 n elbow lane

Remarks five dollars

45130

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth [illegible] 1881
4. Place of Birth (Street and Number) 15 L. Pine Cr
5. Full Name of Mother Mary J. Watson
6. Mother's Maiden Name " " "
7. Mother's Birthplace Virginia
8. Full Name of Father — Illegitimate
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. J. A. Gillis M.D.

Address 150 N Eutaw

Remarks Father not known to attendant

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of Jan 1881
4. *Place of Birth, (Street and Number)* 34 Central Ave.
5. *Full Name of Mother,* Dora Bamis
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* David Bamis
9. *Father's Occupation,* Beer Saloon
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Illig

Address, 48 Holland St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45132

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 19th 1881
4. *Place of Birth, (Street and Number)* 55 Conway St.
5. *Full Name of Mother* Mary Stinebach
6. *Mother's Maiden Name* " " McGarry
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Charles Stinebach
9. *Father's Occupation* Labourer. B.C.R.R.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Richmond

Address 185 Lee St.

Remarks

RETURN OF A BIRTH.

11513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January the 1 1881
4. Place of Birth (Street and Number)	Stricker st N° 139
5. Full Name of Mother	Mary V Townsend
6. Mother's Maiden Name	Mary V Bachman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Washington Townsend
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fahnestock
Address	792 Pratt st
Remarks	

RETURN OF A BIRTH

4 51311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 January
4. *Place of Birth, (Street and Number)* 18 Barnes St
5. *Full Name of Mother,* Eleonora Vacek
6. *Mother's Maiden Name,* " " Riha
7. *Mother's Birthplace,* Trebon Bohemia
8. *Full Name of Father,* John Vacek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Nadejkou Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefina Kouba

Address, 20 Barnes St

Remarks,

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116135

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 19th 81
4. *Place of Birth, (Street and Number)*	386 West st
5. *Full Name of Mother,*	Annie Schmuck
6. *Mother's Maiden Name,*	" Miller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chr Schmuck
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Saxony (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	328 E Eutaw st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 19. 1881.
4. *Place of Birth, (Street and Number)* Forth st No 496
5. *Full Name of Mother,* Elisabeth Ende
6. *Mother's Maiden Name,* Bensel
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Henry Ende
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Neubauer

Address, South Wolf st No 14

Remarks, Mul Insp

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* January 19th 1881.
4. *Place of Birth,* (*Street and Number*) 13 Wilson Alley
5. *Full Name of Mother,* Francis C. Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac R. Smith
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Allan A Dorsey

Address, 88 Oxford St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45138

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth* Jan. 19th 1881
4. *Place of Birth, (Street and Number)* No 18 Wayne St
5. *Full Name of Mother* Annie Wilson
6. *Mother's Maiden Name* " Parker
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Peter Wilson
9. *Father's Occupation* Waiter Club Room
10. *Father's Birthplace* Danville Va

Name of Medical Attendant, or other Person who makes this Return. Mr. Margt A. Richmond

Address 185 Lee St.

Remarks

4 5139

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1901 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* January 19th 1901
4. *Place of Birth,* (*Street and Number*) 1 E Mason Alley
5. *Full Name of Mother,* Francis C. Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Isaac R. Smith
9. *Father's Occupation,* Porter
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mary Dorsey

Address, 83 Oxford St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Ellen Smith
George Smith
N 5 Pearce St
Still Born March 24th /81
male, colored
May H Dorsey
83 Oxford St

RETURN OF A BIRTH

1151110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 20ten Januar
4. *Place of Birth, (Street and Number)* No 59. Choptank St
5. *Full Name of Mother,* Barbara Gelden
6. *Mother's Maiden Name,* Barbara Deichlein
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Willem Gelden
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Baumann

Address, No 194 S. Dallas St

Remarks, Gesund.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45141

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 20 1881
4. *Place of Birth, (Street and Number)* No 38 Millinian St
5. *Full Name of Mother,* Amelia Sheldon
6. *Mother's Maiden Name,* Amelia Gosnell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Sheldon
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45142

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 January 1881
4. *Place of Birth, (Street and Number)* No 161 Johnson St
5. *Full Name of Mother,* Mary Burghart
6. *Mother's Maiden Name,* Mary Rumph
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* General Burghart
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Wurtemberg

Name of Medical Attendant, or other Person who makes this Return, Rolina Grieshaber

Address, No 128 West St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th 23rd Jan 1881
4. *Place of Birth, (Street and Number)* Hillen St No 48
5. *Full Name of Mother,* Ellen Ryan
6. *Mother's Maiden Name,* Brodrick
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Ryan
9. *Father's Occupation,*
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address, O S Mahon No 138 Exeter St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	January 20 1881
4. *Place of Birth (Street and Number)*	1 [illegible] alley
5. *Full Name of Mother*	[illegible]
6. *Mother's Maiden Name*	[illegible]
7. *Mother's Birthplace*	ireland
8. *Full Name of Father*	[illegible]
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel [illegible]
Address	65 burke st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11 61143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 20th 1881
4. *Place of Birth, (Street and Number)* No 3 Bartlett St
5. *Full Name of Mother,* Janie Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Va
8. *Full Name of Father,* Barney Griffin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Queens-Anns Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

4 5 1 4 5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 20th 1881
4. *Place of Birth, (Street and Number)* No 3 Bartlett St
5. *Full Name of Mother,* Fanie Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Va
8. *Full Name of Father,* Barney Griffin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Queens-Anns Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 25 1881
4. *Place of Birth (Street and Number)* Ridgley St No 04
5. *Full Name of Mother* Susie E. Bradley
6. *Mother's Maiden Name* Susie E. Manning
7. *Mother's Birthplace* Baltimore M. D.
8. *Full Name of Father* William Bradley
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. M. Shaffer Ridgley St 114

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45147

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color'd
3. *Date of Birth,* 20th Janeiro
4. *Place of Birth, (Street and Number)* No 8 Stockholm st
5. *Full Name of Mother,* Marie Hopkins
6. *Mother's Maiden Name,* " Fonsoon
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* Ellick Hopkins
9. *Father's Occupation,* Oysterspucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 47 Hamburg st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4514 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 January
4. *Place of Birth, (Street and Number)* 88 Isgwith
5. *Full Name of Mother,* Mina Kahl
6. *Mother's Maiden Name,* Tind
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Henry Kahl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carson

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

~~45150~~
45149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 20th Jan. 1881 at 6 o'clock P.M.
4. Place of Birth (Street and Number) 246 German Street
5. Full Name of Mother Mary Clara Cox
6. Mother's Maiden Name Mary Clara Reeder
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles E. Cox
9. Father's Occupation Upholsterer
10. Father's Birthplace Mississippi

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address Lombard & Fremont Streets, Baltimore, Md.

Remarks A remarkable clean & healthy girl

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~45151~~
45150

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 20th 1881
4. *Place of Birth, (Street and Number)* No 95 Peirce St
5. *Full Name of Mother,* Kate Snyder
6. *Mother's Maiden Name,* Kate Buschman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Snyder
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mis Dunler

Address, No 60 North Sboeder St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy.
2. Race or Color (if not of the white race) Colerd
3. Date of Birth January th 20 1881
4. Place of Birth (Street and Number) No 14 Jrn Alley
5. Full Name of Mother Pes Anez thomas
6. Mother's Maiden Name Pes Anez Linln
7. Mother's Birthplace Easter Sore
8. Full Name of Father Clintin a Gusta thomas
9. Father's Occupation hosler
10. Father's Birthplace McDonell County

Name of Medical Attendant, or other Person who makes this Return. Emaline slater w14 Irna Alley

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 5153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January the 20 1881
4. *Place of Birth (Street and Number)* No 14 Sun Alley
5. *Full Name of Mother* Gertrude Thomas
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Md Donell County
8. *Full Name of Father* Not none
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Emaline Slater No 14

Address Sun alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1151511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JAN 27 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1st Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January the 20th 1881
4. *Place of Birth, (Street and Number)*	211 Ann Street
5. *Full Name of Mother,*	Mary g. grady
6. *Mother's Maiden Name,*	Mary Gibb
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	William grady
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L Simms
Address,	171 Washington Street
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Kind

1. *Sex, (state whether male or female)* Knabe.
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 20ten Januar
4. *Place of Birth, (Street and Number)* No 245 S. Dallas Str
5. *Full Name of Mother,* Anna Thomas
6. *Mother's Maiden Name,* Anna Pittner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam Thomas
9. *Father's Occupation,* Capitän
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

115156

HEALTH DEPARTMENT
JAN 29 1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* January 20th 1881
4. *Place of Birth, (Street and Number)* No 36. Edward St
5. *Full Name of Mother* Angeo Maddicks
6. *Mother's Maiden Name* " Hall
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Daniel Maddicks
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No. 185 S.E. cor Central av. & Monument St

Remarks Well Well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 20th 1891.
4. *Place of Birth, (Street and Number)* No 16 Forest Place.
5. *Full Name of Mother* Mary Jane Riley
6. *Mother's Maiden Name* Mary Jane McCarthy.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Andrew Riley.
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. David Hilliard

Address 132 East Monument St.

Remarks

RETURN OF A BIRTH,

45158

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 26th 1881.
4. *Place of Birth, (Street and Number)* # 184 Lexington street.
5. *Full Name of Mother* Emelie Becker.
6. *Mother's Maiden Name* Emelie Lucke.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John Becker
9. *Father's Occupation* Liquor Dealer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Hilgeit

Address 182 E. Pleasant st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

45159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 30th 1881
4. *Place of Birth (Street and Number)* 58 N. Exeter St
5. *Full Name of Mother* Mary Rosenheim
6. *Mother's Maiden Name* " Fried
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jacob Rosenheim
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baden Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26. [illegible] Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45160

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan 20th 1881
4. *Place of Birth, (Street and Number)* 128 S. Howard St.
5. *Full Name of Mother* Martha Rodenhi
6. *Mother's Maiden Name* " " Heifel
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Thomas Rodenhi
9. *Father's Occupation* Fire Dept
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Margt A. Richmond

Address 185 Lee St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th Child

1. *Sex,* (*state whether male or female*) Boy

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Thursday January 20th 1881

4. *Place of Birth,* (*Street and Number*) Chas & Wiley Sts.

5. *Full Name of Mother,* Mary Bois

6. *Mother's Maiden Name,* Mary Dunn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Bois

9. *Father's Occupation,* Hackman

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 25½ Greenmount Ave

Remarks, Vertex Presentation.

RETURN OF A BIRTH

45162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday January 20th 1881
4. *Place of Birth, (Street and Number)* 203 Greenmount Ave
5. *Full Name of Mother,* Maggie McIntosh
6. *Mother's Maiden Name,* Maggie Eustis
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Charles McIntosh
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 253½ Greenmount Ave

Remarks, "Vertex Presentation"

JOHN B. PIET, PRINTER & STATIONER, BALT.

45163

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday January 20th 1881
4. *Place of Birth, (Street and Number)* 94 Greenmont Ave.
5. *Full Name of Mother,* Maggie Wiedfield
6. *Mother's Maiden Name,* Maggie McComb
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Wiedfield,
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton Md

Address, # #25½ Greenmont Ave

Remarks, "Verty Presentation"

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 25 1881

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Race of Color
3. Date of Birth	20 of January
4. Place of Birth (Street and Number)	Baltimore Dover Street 4
5. Full Name of Mother	Fanney Roberts
6. Mother's Maiden Name	Fanney Hanley
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	William Roberts
9. Father's Occupation	Driver
10. Father's Birthplace	Talbert County Co Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Primrose
Address	N 24 Dover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45165

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 20th 81
4. *Place of Birth, (Street and Number)* 170 Lee St Cor Mina St
5. *Full Name of Mother* Frederick Wilhelmina Wittekind
6. *Mother's Maiden Name* Thorner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wittekind
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 20th 1881
4. *Place of Birth, (Street and Number)* 67 Oxford St
5. *Full Name of Mother,* Carrie Washington
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Joseph Ellison
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return. Dr Mary A Dorsey

Address, 83 Oxford St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45167

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 20
4. *Place of Birth, (Street and Number)* 909 W. Baltimore str.
5. *Full Name of Mother,* Raichel Cohen
6. *Mother's Maiden Name,* Raichel Levenson
7. *Mother's Birthplace,* Mariempol Rush Pole
8. *Full Name of Father,* Luis Cohen
9. *Father's Occupation,* Marchen
10. *Father's Birthplace,* Prushnitz Rush Pole

Name of Medical Attendant, or other Person who makes this Return.

Address, Miss Dumler

Remarks, No 60 Shroeder Str

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 15168

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 21, 1881
4. *Place of Birth, (Street and Number)* 99 Battery ave
5. *Full Name of Mother* Alverta L Grold
6. *Mother's Maiden Name* L Flowers
7. *Mother's Birthplace* Lancaster Co Pa
8. *Full Name of Father* Henry Herold
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

45169

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2[illegible] 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of Jan. 1881
4. *Place of Birth, (Street and Number)* No 119 Whitland St
5. *Full Name of Mother,* Maggie Gleason
6. *Mother's Maiden Name,* Maggie Scanbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mark Gleason
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina [illegible]

Address, [illegible] West St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45170
45171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th & 12th Children

1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Jan. 1881
4. Place of Birth (Street and Number) No. 327 W. Biddles St.
5. Full Name of Mother Helen S. Chew
6. Mother's Maiden Name " " Hanson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm B Chew
9. Father's Occupation Conductor B & O R R
10. Father's Birthplace Prince George Co. Md

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M.D.

Address No. 165 Argyle Ave.

Remarks Twins. Female first with head presentation vertex left, followed in half an hour by the male, much heavier, also head presentation with vertex under right acetabulum.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

4 5172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 21st 1881
4. *Place of Birth, (Street and Number)* born 494 Lexington St
5. *Full Name of Mother,* Laura Virginia Wilhelm
6. *Mother's Maiden Name,* Glanding
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Wilhelm
9. *Father's Occupation,* Saddler
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address, No 60 Schroeder St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 26 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~),* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21st, 1881
4. *Place of Birth, (Street and Number)* N. Ann St. No 94
5. *Full Name of Mother,* Anna M. Geuder
6. *Mother's Maiden Name,* Anna M. Heilmann
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Johann Geuder
9. *Father's Occupation,* Cigarren manufacturer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, N. Dallas St. No 26,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45174

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female healthe
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 21st of June 1881
4. *Place of Birth, (Street and Number)* No 438 W. Mc Henry St
5. *Full Name of Mother* Maria Linst
6. *Mother's Maiden Name* M. Gunteman
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Christian Linst
9. *Father's Occupation* Bristle Bemper
10. *Father's Birthplace* born in Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Hillis

Address 1617 N Patt St

Remarks

45175

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ~~January 21, 1881~~
3. *Date of Birth,* January 21, 1881
4. *Place of Birth, (Street and Number)* Ridgley St, No. 107
5. *Full Name of Mother,* Josephen Burgess
6. *Mother's Maiden Name,* Josephen Schalt
7. *Mother's Birthplace,* Bl Baltimore M. D.
8. *Full Name of Father,* David Burgess
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer Ridgley St No 114

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 21st 1881
4. Place of Birth (Street and Number) 17 Lewis St
5. Full Name of Mother Henrietta Myers
6. Mother's Maiden Name " "
7. Mother's Birthplace Eastern Shore
8. Full Name of Father James Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby

Address 319 N. Central Ave

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 21ten Januar
4. *Place of Birth, (Street and Number)* No 244 S. Dallas Str
5. *Full Name of Mother,* Lose Promel
6. *Mother's Maiden Name,* Lose Stupm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sebesse Promel
9. *Father's Occupation,* Blechschmidt
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Baumann

Address, No 197 S. Dallas Str

Remarks, Hemme.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1931
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan. 21
4. Place of Birth (Street and Number)	265 Mc Callough.
5. Full Name of Mother	Camille ~~Harding~~. Cohen
6. Mother's Maiden Name	" Keeling.
7. Mother's Birthplace	Va.
8. Full Name of Father	Benjamin Cohen.
9. Father's Occupation	merchant.
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	A B Arnold
Address	
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 21 st 1881
4. *Place of Birth, (Street and Number)* corner Russel and Ross st
5. *Full Name of Mother,* Augusta Kronberg
6. *Mother's Maiden Name,* Badles
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Kronberg
9. *Father's Occupation,* Baymaker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmaster midwife

Address, 330 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45180

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 21st 1881
4. *Place of Birth, (Street and Number)* No 9 Morgan str
5. *Full Name of Mother,* Susie Petersen
6. *Mother's Maiden Name,* Attwell
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm Petersen
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 21st 1881
4. Place of Birth (Street and Number) No 189 North Wolf Street
5. Full Name of Mother Mary M. Lauer
6. Mother's Maiden Name " " Conoway
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Lauer
9. Father's Occupation Candy Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. E. Whiteford M.D.

Address # 195 Aisquith Street

Remarks This Child was born Asphixiated was Recuscitated and died from Passive Congestion 30 hours after birth

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1,5182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21 1891
4. *Place of Birth, (Street and Number)* # 56 South Bethel St
5. *Full Name of Mother,* Mary Goebel
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Goebel
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Louise Kapp

Address, # 236 Canton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11-5183

GIVEN NAME ADDED 5-3-62

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

NAME: EMMA MARGARET SCHMIDT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21st 1881
4. *Place of Birth, (Street and Number)* # 118 Exeter St
5. *Full Name of Mother,* Maggie Schmidt
6. *Mother's Maiden Name,* Sindenberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Schmidt
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, # 236 Caton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45184

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 te

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 21. 1881
4. *Place of Birth, (Street and Number)* N. Mathias Alle No 4
5. *Full Name of Mother,* Fredrike Loty
6. *Mother's Maiden Name,* Bleich
7. *Mother's Birthplace,* Wittenberg Germ.
8. *Full Name of Father,* Karl Loty
9. *Father's Occupation,* Schohmaker
10. *Father's Birthplace,* Wittenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raubach

Address, S Wolf No 14

Remarks, Midwife

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	january 21 st
4. *Place of Birth, (Street and Number)*	no 14 hamburg st
5. *Full Name of Mother,*	mary catherine fowler
6. *Mother's Maiden Name,*	mary catherine miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	henry fowler
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs "Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	January 21. 1881.
4. *Place of Birth (Street and Number)*	164 N. Eutaw St.
5. *Full Name of Mother*	Emma L. McLaughlin,
6. *Mother's Maiden Name*	Emma L. Miles.
7. *Mother's Birthplace*	Maryland.
8. *Full Name of Father*	Patrick McLaughlin.
9. *Father's Occupation*	Harbor Master,
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hinck M.D.
Address	35 E. Balto. St.
Remarks	

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

11516

RETURN OF A BIRTH

11518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21st 1881
4. *Place of Birth, (Street and Number)* 348 E. Monument St
5. *Full Name of Mother,* Lizzie Grant
6. *Mother's Maiden Name,* " Merritt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Grant
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mrs Oliver

Address, 220 N. Eden St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 21 January 1881
4. *Place of Birth (Street and Number)* 37 Preston St
5. *Full Name of Mother* M. Emma Combs
6. *Mother's Maiden Name* M Emma Smith
7. *Mother's Birthplace* Md
8. *Full Name of Father* William Combs
9. *Father's Occupation* mill employee
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 N Bradford

Remarks

45189

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth —

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White —
3. *Date of Birth,* Jan 21/81.
4. *Place of Birth, (Street and Number)* 240 George St.
5. *Full Name of Mother,* Mary Riordan.
6. *Mother's Maiden Name,* Mary Courtney.
7. *Mother's Birthplace,* Ireland —
8. *Full Name of Father,* Michael Riordan —
9. *Father's Occupation,* Police Officer —
10. *Father's Birthplace,* Ireland —

Name of Medical Attendant, or other Person who makes this Return. W. G. Register Mad

Address, W. Co. Fayette & Calhoun Sts.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 22nd 1881
4. *Place of Birth, (Street and Number)* No 754 Lee St.
5. *Full Name of Mother* Mrs Anna Thomas
6. *Mother's Maiden Name* Miss Anna Hitchcock
7. *Mother's Birthplace* Ohio
8. *Full Name of Father* Mr Alonzo E. Thomas
9. *Father's Occupation* B. & O. Brakeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A. Fackler

Address 182 Saratoga St.

Remarks

RETURN OF A BIRTH 45191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall neglect to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 22d. 1881

4. *Place of Birth, (Street and Number)* 38 Sterling St.

5. *Full Name of Mother,* Malbine Domberger

6. *Mother's Maiden Name,* Malbine Kolberg

7. *Mother's Birthplace,* German

8. *Full Name of Father,* Adam Domberger

9. *Father's Occupation,* Kabinet maker

10. *Father's Birthplace,* German

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 137 Lord Baltimore St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 22 1881
4. *Place of Birth, (Street and Number)* Harford ave.
5. *Full Name of Mother,* Kathrine Wagner
6. *Mother's Maiden Name,* Kathrine Sell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 n. Bond ste.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45193

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 22 1881 –
4. *Place of Birth, (Street and Number)* 90 Chestnut St –
5. *Full Name of Mother,* Josephine James
6. *Mother's Maiden Name,* Josephine —
7. *Mother's Birthplace,* Balto –
8. *Full Name of Father,* John James
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Balto –

Name of Medical Attendant, or other Person who makes this Return. D. Streett M.D.

Address, 143 N. Exch. St –

Remarks, Labor natural – L. O. I. A. – child & mother doing well D.S. –

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22/81
4. *Place of Birth, (Street and Number)* 134 Ramsay
5. *Full Name of Mother,* Annie E Temple
6. *Mother's Maiden Name,* " " Horn
7. *Mother's Birthplace,* York Penna.
8. *Full Name of Father,* Wm S. Temple
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address, 387 W. Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45195

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* 16 Watson
5. *Full Name of Mother,* Mag. R. Low
6. *Mother's Maiden Name,* Peterson
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Benjamen Low
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45196

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* 124 Gough
5. *Full Name of Mother,* Ida Hill
6. *Mother's Maiden Name,* Lapp
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Charles Hill
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 d.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Jan 22 1881
4. *Place of Birth,* (*Street and Number*) 371 N. Durham Str.
5. *Full Name of Mother,* Berda Gams
6. *Mother's Maiden Name,* Berda Sikerf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Gams
9. *Father's Occupation,* Kabender
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 S. Bond Str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

#5198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	22 of January
4. *Place of Birth (Street and Number)*	58 Stockton Alley
5. *Full Name of Mother*	Annie Martha Tyler
6. *Mother's Maiden Name*	Ann Catharine Davis
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Tyler
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Howard county md
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	212 Dover Street
Remarks	Fine hearty child Mother and child Doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4-5199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 22-1881
4. *Place of Birth, (Street and Number)* No 29 Hillman Street
5. *Full Name of Mother,* Mary Hinkle
6. *Mother's Maiden Name,* Mary Shoemaker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hinkle
9. *Father's Occupation,* Harness-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address, 286 McDonogh st

Remarks,

This any Physician, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1881
BALTIMORE

That any Physician, Accoucheur, Midwife, or other person who may be required to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 1881
4. *Place of Birth, (Street and Number)* 379 E. Eager str.
5. *Full Name of Mother,* Maria L. Lenhard
6. *Mother's Maiden Name,* Maria L Breyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Fr. Lenhard
9. *Father's Occupation,* Gas Fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Radiger

Address, 134 E Bond str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 22nd 1881
4. *Place of Birth, (Street and Number)* Front Avenue
5. *Full Name of Mother* Lena Harvey
6. *Mother's Maiden Name* Lena Gearwine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Harvey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Horna

Address No 18 Byrd St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 of Jan 1881
4. *Place of Birth, (Street and Number)*	No 2 West, Alley
5. *Full Name of Mother,*	Mary Topy
6. *Mother's Maiden Name,*	Koch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leonhard Topy
9. *Father's Occupation,*	Peter
10. *Father's Birthplace,*	Hessen
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Madame Illig
Remarks,	48 W Pleasant St

HEALTH DEPARTMENT JAN 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

45203

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of Jan 1881
4. *Place of Birth, (Street and Number)* 93 Asquith St
5. *Full Name of Mother,* Kenny Stuerd
6. *Mother's Maiden Name,* — — Maier
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Stuerd
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Madame Ulbig

Remarks, 48 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1152014

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 1 1891
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22nd of January
4. *Place of Birth, (Street and Number)* 63 Preston Stt.
5. *Full Name of Mother,* Mary Colbert
6. *Mother's Maiden Name,* " Hayden
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* James Colbert
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral Stt.

Remarks,

45205

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Birth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22th Jan
4. *Place of Birth, (Street and Number)* See st 242
5. *Full Name of Mother* Wilhelmeni Myer
6. *Mother's Maiden Name* ..... Schroder
7. *Mother's Birthplace* Herrfort Westfallen
8. *Full Name of Father* August Myer
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Benda in Westfallen

Name of Medical Attendant, or other Person who makes this Return.

Address Mr Mauerre

Remarks 173 Bank st

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1891
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 22 - 1891
4. Place of Birth (Street and Number)	74 S. Caroline St.
5. Full Name of Mother	Maggie J. Nicholson
6. Mother's Maiden Name	Logan
7. Mother's Birthplace	Maryland
8. Full Name of Father	James A. Nicholson
9. Father's Occupation	Sail-Maker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	157 E. Pratt St.
Remarks	

RETURN OF A BIRTH

11 15207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 22nd 81
4. *Place of Birth, (Street and Number)*	# 253 S. Charles St.
5. *Full Name of Mother,*	Carolina Ludwig
6. *Mother's Maiden Name,*	" Rhinehardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Ludwig
9. *Father's Occupation,*	Liquor dealer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mary Nash
Address,	# 328 S Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45208

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 2nd 1881
4. *Place of Birth, (Street and Number)* 188 Orleans St.
5. *Full Name of Mother* Eliza Ann Yerkes
6. *Mother's Maiden Name* Booth
7. *Mother's Birthplace* England
8. *Full Name of Father* Wm. H. Yerkes
9. *Father's Occupation* Inspector Gas Meters
10. *Father's Birthplace* Balti City

Name of Medical Attendant, or other Person who makes this Return. S. W. Sloan M.D.

Address S. E. Cor. Eager & Caroline Street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 115209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1881
BALTIMORE MD

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 2d 1881
4. *Place of Birth, (Street and Number)*	18 Walsh St.
5. *Full Name of Mother*	Sophia Carroll
6. *Mother's Maiden Name*	Leland
7. *Mother's Birthplace*	Balto. Co. Md.
8. *Full Name of Father*	Jas. B. Carroll
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Balto. City Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Lemmon Ave.
Remarks	

RETURN OF A BIRTH

15210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, nurse, or other person who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	~~White~~ female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22d January 1881
4. *Place of Birth, (Street and Number)*	232 Lombard St
5. *Full Name of Mother,*	Kate Smith
6. *Mother's Maiden Name,*	Roach
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Wm B. Smith
9. *Father's Occupation,*	Hamel Maker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	A. M. Dodge M.D
Address,	
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 22nd 1881
4. *Place of Birth (Street and Number)* 467 Eutaw Place
5. *Full Name of Mother* Mary Kensett
6. *Mother's Maiden Name* Mary Dryden
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos H. Kensett
9. *Father's Occupation* Merchant
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Dr Mittenberger

Address [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45212

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth* ~~December~~ January 23rd 1881 -
4. *Place of Birth, (Street and Number)* Townsend and Charles Sts
5. *Full Name of Mother* Anna Elizabeth Diffenderfer
6. *Mother's Maiden Name* Mathews.
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Charles Ross Diffenderfer.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Samuel T. Knight M.D.

Address 112 N. Green St.

Remarks

45213

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23rd 1881
4. *Place of Birth, (Street and Number)* 112 Battery Ave
5. *Full Name of Mother,* Rebecca M. Sanks
6. *Mother's Maiden Name,* Demitz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James W. Sanks
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Robert S. Rowe M.D.

Address, 323 Light St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

452111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan. 23rd 1881
4. *Place of Birth, (Street and Number)* 189 Maryland Ave.
5. *Full Name of Mother* Mrs Lewey Cooper Walker
6. *Mother's Maiden Name* Miss Lewey Cooper.
7. *Mother's Birthplace* Woodberry New Jersey.
8. *Full Name of Father* Elisha Hunt Walker.
9. *Father's Occupation* Life Insurance Agent.
10. *Father's Birthplace* London Co. Va.

Name of Medical Attendant, or other Person who makes this Return. E. Cleveland Cosce. M.D.

Address No 4 North Ave. Balt. Co Md.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... 23rd Jan. 1881
4. *Place of Birth, (Street and Number)* ..... Baltimore
5. *Full Name of Mother,* ..... Mrs. Rybak
6. *Mother's Maiden Name,* ..... M. Kais
7. *Mother's Birthplace,* ..... Bohemia
8. *Full Name of Father,* ..... John Rybak
9. *Father's Occupation,* ..... Tailor
10. *Father's Birthplace,* ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return ..... Mary Koplick

Address, ... 69 Washington

Remarks, ...

Mary Koplick

"Likewise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45216

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23rd
4. *Place of Birth, (Street and Number)* 206 William Street
5. *Full Name of Mother,* Ida Virginia Knight
6. *Mother's Maiden Name,* Ida V. Hyson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Franklin Knight
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Cottrell

Address, 108 William St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 23 1881
4. *Place of Birth (Street and Number)* 216 Raborg st
5. *Full Name of Mother* R. A. Roberts
6. *Mother's Maiden Name* Roberts
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* J. Roberts
9. *Father's Occupation* Cochman
10. *Father's Birthplace* Ballo

Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish

Address 445 Saratoga St.

Remarks the child is still alive

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 25th 1881.
4. *Place of Birth, (Street and Number)* #13 East Monument St.
5. *Full Name of Mother* Bridget Libben
6. *Mother's Maiden Name* Bridget Kilduff
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Patrick H. Libben
9. *Father's Occupation* ~~Laborer~~ Carpenter.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Hillegeist

Address 182 E Monument St.

Remarks

RETURN OF A BIRTH 15219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 23
4. *Place of Birth, (Street and Number)* 12 forest st
5. *Full Name of Mother,* Rebecca Murray
6. *Mother's Maiden Name,* not married
7. *Mother's Birthplace,* Emerald Co Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lecta Johnson

Address, no 14 forest st

Remarks, healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 23d 1881
4. *Place of Birth, (Street and Number)* 302 Orleans St
5. *Full Name of Mother,* Barbara Kernisa
6. *Mother's Maiden Name,* " Rittenberger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Emil Kernisa
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 23 [illegible]
4. *Place of Birth, (Street and Number)* 40 Covington St.
5. *Full Name of Mother,* Annie Sebilla Meyer
6. *Mother's Maiden Name,* Anna Sebilla [illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Adam Meyer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Lat Münch

Address, 8 Leatenhall Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 23. 1881.
4. Place of Birth (Street and Number)	251 Edmondson av.
5. Full Name of Mother	Emma A. Burnett
6. Mother's Maiden Name	" " Bullock
7. Mother's Birthplace	New York
8. Full Name of Father	John M. Burnett
9. Father's Occupation	Camden Station
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Edward H. Holbrook, M.D.
Address	85 N. Howard St.
Remarks	

RETURN OF A BIRTH

14223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 9 1901
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) [illegible]

1. *Sex,* (*state whether male or female*) [illegible]
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* January 2 1901
4. *Place of Birth,* (*Street and Number*) [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

452214

RETURN OF A BIRTH,

HEALTH DEPARTMENT MAR 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 28th 1881.
4. *Place of Birth, (Street and Number)* 1 B. Hillen st.
5. *Full Name of Mother* Barbra Brush.
6. *Mother's Maiden Name* Barbra Fisher.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Brush.
9. *Father's Occupation* Hair dresser.
10. *Father's Birthplace* Austria

Name of Medical Attendant, or other Person who makes this Return. Mend Hillquist

Address 182 E Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45225

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23rd 12th O'Clock
4. *Place of Birth, (Street and Number)* 857 W Balto St
5. *Full Name of Mother,* Anna Jones Wood
6. *Mother's Maiden Name,* Anna Jones Ridgely
7. *Mother's Birthplace,* Near Laurel Princes Georges Co Md
8. *Full Name of Father,* James John Wilson Wood
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Dunler

Remarks, No 60 Schroeder St

That any Physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 24th January /81

4. Place of Birth (Street and Number) 5 Camden Lane

5. Full Name of Mother Mary Lee

6. Mother's Maiden Name Mc Dermott

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Lee

9. Father's Occupation Brakesman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster for M. D.

Address 57 Barrett

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

11527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Boy Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 24th 1881
4. *Place of Birth, (Street and Number)*	33 Chapstank St
5. *Full Name of Mother,*	R M Meyer
6. *Mother's Maiden Name,*	Ruth Maudlin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Meyers
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address,	171 Washington St
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

1,5228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* Jan 24th 1881.
4. *Place of Birth (Street and Number)* 249 Druid Hill Avenue.
5. *Full Name of Mother* M. Victoria Likes,
6. *Mother's Maiden Name* M. Victoria Hoover,
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Jacob Likes,
9. *Father's Occupation* Plumber,
10. *Father's Birthplace* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer M.D.

Address " " " City.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1931 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jan 24
4. *Place of Birth (Street and Number)* 190 Raborg st.
5. *Full Name of Mother* Mary Kilburn
6. *Mother's Maiden Name* Kilburn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kilburn
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eliza Garnish

Address 1145 Saratoga st.

Remarks the child is still alive

RETURN OF A BIRTH,

11 3 2 31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 11

1. *Sex (state whether male or female)* 2 Twins 2 Females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 January 1881
4. *Place of Birth, (Street and Number)* 205 Cookes Street
5. *Full Name of Mother* A Elisabert Genter
6. *Mother's Maiden Name* A Elizabeth Nutton
7. *Mother's Birthplace* Germa
8. *Full Name of Futher* John Genter
9. *Father's Occupation* Labour
10. *Father's Birthplace* Germa

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address No 18 Eubico St

Remarks

RETURN OF A BIRTH

11231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 24th 1881
4. *Place of Birth, (Street and Number)* No 219 S. Charles st.
5. *Full Name of Mother,* Elise Newman
6. *Mother's Maiden Name,* Haeflich
7. *Mother's Birthplace,* America
8. *Full Name of Father,* May Newman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwartz Smithville

Address, 330 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 24 th. 1881
4. *Place of Birth, (Street and Number)* Nr 58 Louisa Street
5. *Full Name of Mother,* Louisa Young
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, 181 York Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1951 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan 24
4. *Place of Birth, (Street and Number)* 183 north Gilmor st
5. *Full Name of Mother,* Alice Cooper
6. *Mother's Maiden Name,* not married
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Jefferson

Address, 18 short st Baltimore md

Remarks, healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

152314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, Accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 24. 1881

4. *Place of Birth, (Street and Number)* 161 Lombard: Maternite Hospital

5. *Full Name of Mother,* Alice Hines

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Unknown

9. *Father's Occupation,* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown Res. Phys.

Address, Maternite Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45235

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 January 1881
4. *Place of Birth (Street and Number)*	No 450 East Chase st
5. *Full Name of Mother*	Mary Jane Wright
6. *Mother's Maiden Name*	Mary Jane Johnson
7. *Mother's Birthplace*	Norfolk Virginia
8. *Full Name of Father*	James C Wright
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Coriza A E Orton
Address	South Washington st 370
Remarks	Alive Born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-20-54

45236

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Laura Agnes Leach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 24: 1881
4. *Place of Birth (Street and Number)* 29 N. Howard
5. *Full Name of Mother* Mary Bauns Leach
6. *Mother's Maiden Name* " " Hunt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Leach
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return, O. L. Williams

Address 201 Madison Ave

Remarks

45237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 24th 1881
4. Place of Birth (Street and Number)	196 N Eutaw St
5. Full Name of Mother	Annie M. Rice
6. Mother's Maiden Name	" " Brooks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	G. L. Rice
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. D. Booker M.D.
Address	152 Madison St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45235
45232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 24th 1881
4. *Place of Birth (Street and Number)* Cor Chestnut & Elliott Streets
5. *Full Name of Mother* Bridget Cauley
6. *Mother's Maiden Name* Tierney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Francis Cauley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U.S.A.

Name of Medical Attendant, or other Person who makes this Return. Edwin Williams M.D.

Address 41 Patterson Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of

RETURN OF A BIRTH.

45239

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 24th 1881
4. Place of Birth (Street and Number)	740 W. Pratt St.
5. Full Name of Mother	Hattie Slingeland
6. Mother's Maiden Name	Crandall
7. Mother's Birthplace	Maryland
8. Full Name of Father	John H Slingeland
9. Father's Occupation	machinist.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M. D.
Address	581 Lexington Ave St
Remarks	

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany. 24 - '81
4. *Place of Birth, (Street and Number)* 423 N. Mount
5. *Full Name of Mother* Mary Marsden O'Brien
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Henry Marsden
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N Greene

Remarks

111

RETURN OF A BIRTH

45211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 24th 1881
4. *Place of Birth, (Street and Number)* N 135 N. Charles St (St James Hotel)
5. *Full Name of Mother,* Imogen Mary Harrison
6. *Mother's Maiden Name,* Imogen Mary Baugher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John B. Harrison
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Anderson S. Carolina

Name of Medical Attendant, or other Person who makes this Return. H Chataud M.D.

Address, N 114 Park ave

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th 1881
4. Place of Birth (Street and Number)	Bolton Alley No 110
5. Full Name of Mother	Clementine M. Stultz
6. Mother's Maiden Name	" " Myers
7. Mother's Birthplace	Cecil County Maryland
8. Full Name of Father	George Wesley Stultz
9. Father's Occupation	Car Driver Citizen Same
10. Father's Birthplace	Cecil County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Quentin M.D.
Address	647 Penna Ave Balt
Remarks	

THE HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

46242

RETURN OF A BIRTH.

4 5 2 4 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		1st
1. *Sex (state whether male or female)*		Female
2. *Race or Color (if not of the white race)*	White	~~Jan 15th~~
3. *Date of Birth*		Jan: 15th
4. *Place of Birth (Street and Number)*		440 N. Fay: St.
5. *Full Name of Mother*		Leah Krauss
6. *Mother's Maiden Name*		Leah King
7. *Mother's Birthplace*		Baltimore,
8. *Full Name of Father*		Solomon Krauss
9. *Father's Occupation*		Pork Packer
10. *Father's Birthplace*		Baltimore,
Name of Medical Attendant, or other Person who makes this Return.		Henry Jenkins
Address		[redacted] Cathedral St
Remarks		

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Twenty-fifth of January
4. *Place of Birth (Street and Number)*	No 5th Saratoga Court.
5. *Full Name of Mother*	Grace Adams.
6. *Mother's Maiden Name*	Weir
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Benjamin Adams
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edwin Harris
Address	141 Raborg St.
Remarks	a Very Delicate Child

RETURN OF A BIRTH

115 248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
29
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 25 th 1881
4. *Place of Birth, (Street and Number)*	No 398 S. Charles St
5. *Full Name of Mother,*	Cathern Schaenert
6. *Mother's Maiden Name,*	Jacob
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Schaenert
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwatzer Midwife
Address,	330 Hanover St.
Remarks,	

The City Registrar, ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 152416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 25th 1881
4. *Place of Birth, (Street and Number)* No 80 Stirling St.
5. *Full Name of Mother* Barbara Stumpfh
6. *Mother's Maiden Name* Barbara Ortmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leonhardt Stumpfh
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wurdemburg

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A Butt

Address No 185 S.E. cor Central av & Monument

Remarks All Well

RETURN OF A BIRTH, 16947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 25th 1881
4. *Place of Birth, (Street and Number)* No 394 Madison St.
5. *Full Name of Mother* Jane Nellson
6. *Mother's Maiden Name* " Hardester
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas. Nellson
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Tuttle

Address No. 185. S.E. cor Centre av. & Monument St.

Remarks Well Well

RETURN OF A BIRTH 45248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 Jany. 1881
4. *Place of Birth, (Street and Number)* 12 S Bethel St
5. *Full Name of Mother,* ——
6. *Mother's Maiden Name,* Minnie Jones
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* No Acct
9. *Father's Occupation,* No Acct
10. *Father's Birthplace,* No Acct

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Walker

Address, No 15 S Duncan Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge of the [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 25th 1881
4. *Place of Birth, (Street and Number)*	c/o 45 James alley
5. *Full Name of Mother,*	Mathern V. Dorsey
6. *Mother's Maiden Name,*	Brune
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Dorsey
9. *Father's Occupation,*	America
10. *Father's Birthplace,*	Laborer
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address,	330 Hanover st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FILT, PRINTER & STATIONER, BALT.

45250

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 25
4. *Place of Birth, (Street and Number)* No 222 Henrietta Street
5. *Full Name of Mother,* Ida White
6. *Mother's Maiden Name,* Ida Dowden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Aaron White
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Millie Cross

Address, no 181 York Street

Remarks,

That any Physician, or other Person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Jan 25
4. *Place of Birth, (Street and Number)* 83 stirling st
5. *Full Name of Mother,* mattilda ~~Mo~~ Sullivan
6. *Mother's Maiden Name,* Baltimore md
7. *Mother's Birthplace,* mattilda Spriggs
8. *Full Name of Father,* henry Sullivan
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear-Johnson

Address, no 18 short st

Remarks, healthy child

That any Physician, or Mother, or other Person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

...ild of Mother (state whether 1st, 2d, 3d, &c.)	the ~~2~~ 5 the
...tate whether Male or Female)	female
...or Color (if not of the white race)	colard
...of Birth	January the 25
...of Birth (Street and Number)	no 30 smith str
...ame of Mother	Jenny robison
...'s Maiden Name	
...'s Birthplace	eastom shore
...ame of Father	ras robisom
...'s Occupation	A labough
...'s Birthplace	richmond vir ~~eastom shore~~
... of Medical Attendant, or other Person who makes this Return.	mrs sarah smithers
...ss	little george str
...rks	no 35

45253

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan 25
4. *Place of Birth, (Street and Number)* 10 hills lain
5. *Full Name of Mother,* Martha Hengher
6. *Mother's Maiden Name,* Martha Thomas
7. *Mother's Birthplace,* north carolina
8. *Full Name of Father,* Jacob Hengher
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. mrs Clara Johnson

Address, no 12 short st

Remarks, healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

1152514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
31
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 25th 1881
4. Place of Birth (Street and Number)	863 W Balto St
5. Full Name of Mother	Mollie Rawlings
6. Mother's Maiden Name	Mollie Mills
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm P Rawlings
9. Father's Occupation	Schoolmaster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A W Sachs M.D.
Address	
Remarks	(Instrumental Delivery)

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45255

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 January
4. *Place of Birth (Street and Number)* Brattfort St No Number
5. *Full Name of Mother* Kuny Dorbert
6. *Mother's Maiden Name* Kuny Heim
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* Frank Dorbert
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* N. Y. City

Name of Medical Attendant, or other Person who makes this return Henrietta Rbäsko

Address Mech Ellerg St East

Remarks Dated

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

115256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25 81
4. *Place of Birth, (Street and Number)*	# 93 South Bond St
5. *Full Name of Mother,*	Annie Collison
6. *Mother's Maiden Name,*	Gaul
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred Collison
9. *Father's Occupation,*	Captain
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kapp
Address,	# 236 Linden Ave
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45257

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 2
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of January 1881
4. *Place of Birth, (Street and Number)* No 20 Patterson Park Av
5. *Full Name of Mother,* Sophia Gibtmyer Josephine
6. *Mother's Maiden Name,* Schulte
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernard Gabtmyer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

15255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 25th 1881
4. *Place of Birth, (Street and Number)*	9 Russell St.
5. *Full Name of Mother*	Mary E. Sims
6. *Mother's Maiden Name*	Swan
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Jos. L. Sims
9. *Father's Occupation*	Stove dealer
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore
Remarks	

45259

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. fiie Child.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 25
4. *Place of Birth, (Street and Number)* 89 Grass St.
5. *Full Name of Mother,* Barbara ~~Andrew Schaefer~~ Shmith
6. *Mother's Maiden Name,* Magy Ramick
7. *Mother's Birthplace,* Jurmeny
8. *Full Name of Father,* Andrew Schaefer
9. *Father's Occupation,* labarer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Minch

Address, 8. Leaton Hall Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1152260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th Jan 1881
4. *Place of Birth, (Street and Number)*	216 Garrison
5. *Full Name of Mother,*	Mrs Day
6. *Mother's Maiden Name,*	Mc Coy
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Mark Hill
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Edwd. F. Michaelis
Address,	283. W. Lombard
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Jan 25 1881
4. *Place of Birth, (Street and Number)* N° 33 St Paul St
5. *Full Name of Mother* Ann Boggs
6. *Mother's Maiden Name* Ann Ruth
7. *Mother's Birthplace* Pa
8. *Full Name of Father* Wm Boggs
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 5 2 62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Jan 25 1881
4. *Place of Birth, (Street and Number)* 202 W Balto
5. *Full Name of Mother* Henrietta Head
6. *Mother's Maiden Name* " Bucklin
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Frank Head
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Latimer M D

Address 23 Franklin

Remarks

45263

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Jany 25 1881
4. *Place of Birth, (Street and Number)* 353 Central Avenue
5. *Full Name of Mother* Octava Eldridge
6. *Mother's Maiden Name* " Bennett
7. *Mother's Birthplace* Balt
8. *Full Name of Father* George Eldridge
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M.D.

Address 23 Franklin St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd —

1. *Sex (state whether male or female)* Male —
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* — January 25th 1881.
4. *Place of Birth (Street and Number)* No 247 S. Bond Str.
5. *Full Name of Mother* Dorothea ~~Seidelman~~ Fewes
6. *Mother's Maiden Name* Dorothea Seidelman
7. *Mother's Birthplace* Baltimore Md —
8. *Full Name of Father* Joseph Fewes —
9. *Father's Occupation* — Liquor Merchant —
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. A. Dohme M.D. —

Address #86. E. Fayette. Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

145265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan 25th 1881
4. Place of Birth (Street and Number)	240 N Washington St.
5. Full Name of Mother	Mollie
6. Mother's Maiden Name	Mabbet
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm Chester
9. Father's Occupation	Gardener
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St.
Remarks	

RETURN OF A BIRTH.

11-5266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 25

4. *Place of Birth (Street and Number)* No 80 E. Caroline st

5. *Full Name of Mother* Nettie New

6. *Mother's Maiden Name* Nettie Singer

7. *Mother's Birthplace* Philadelphia Pa

8. *Full Name of Father* Charles W. New

9. *Father's Occupation* Grocery Clerk

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbaum M.D.

Address 166 S. Paca st.

Remarks

RETURN OF A BIRTH

45267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 26 1881

4. *Place of Birth, (Street and Number)* 101, S. Amste.

5. *Full Name of Mother,* Madilte Herdel

6. *Mother's Maiden Name,* Mad. Weiser

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Georg Herdel

9. *Father's Occupation,* Clark

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rediger

Address, 134 S. Bonste.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45268

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 26th 1881
4. *Place of Birth, (Street and Number)* 87 Asquith St
5. *Full Name of Mother,* Emma A. Baldwin
6. *Mother's Maiden Name,* Emma A. Yateman
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jas A. Baldwin
9. *Father's Occupation,* ~~Virginia~~ Iron Moulder
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

That any Physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 oclock Nigh Tuesday Jan 26th 1881
4. Place of Birth (Street and Number) 165 Elliott St
5. Full Name of Mother Ellinor W Flowers
6. Mother's Maiden Name Ellin W Thompson (said to be a neace of Col Ashby)
7. Mother's Birthplace Va
8. Full Name of Father Josaph W Flowers
9. Father's Occupation Engineer a Chipman's Factory
10. Father's Birthplace Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard Md

Address 28 O'Donnell St

Remarks Very hard labor head lodged against the pubic delievered with instrument Both Mother and Child doing well

45270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1881 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. *Sex* (~~state whether~~ male ~~or female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* Jany 26th 81.
4. *Place of Birth (Street and Number)* 132 Conway St
5. *Full Name of Mother* Sallie Keefe
6. *Mother's Maiden Name* Sallie Sexton
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George S. Keefe
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Jennie

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozeau

Address City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45271

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 26 1881
4. *Place of Birth, (Street and Number)* Hill St
5. *Full Name of Mother* Mary Toolan
6. *Mother's Maiden Name* Mary Dawe
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Toolan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address No 13 Eubia Street

Remarks

RETURN OF A BIRTH

45272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 26 th 1881
4. *Place of Birth, (Street and Number)*	No 101 York st
5. *Full Name of Mother,*	Wilhelmine Reich
6. *Mother's Maiden Name,*	Kofman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emil Reich
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address,	330 Hanover st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45273

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 26
4. *Place of Birth, (Street and Number)* Patapsco Court no 2
5. *Full Name of Mother,* Eliza Granberry
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, no 181 York Street

Remarks,

That any Physician, who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

452711

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 26th
4. *Place of Birth, (Street and Number)* No 115 Eastern ave.
5. *Full Name of Mother,* Walburger Heummer
6. *Mother's Maiden Name,* Heummer Nelle.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George Heummer
9. *Father's Occupation,* Saddler
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granbyst

Remarks,

That any Physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45275

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 26th
4. Place of Birth (Street and Number)	86 Millinan St
5. Full Name of Mother	Mary Simpson
6. Mother's Maiden Name	Mary Richardson
7. Mother's Birthplace	Anna'l. Annarundle Co'ty
8. Full Name of Father	John Simpson
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Calisabeth Foot
Address	Mide wife
Remarks	

RETURN OF A BIRTH,

45276

HEALTH DEPARTMENT 1881 BALTIMORE

o the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

hild of Mother, (state whether 1st, 2d, 3d, &c.) 6th

tate whether male or female) Male

or Color, (if not of the white race) white race

of Birth January the 26

of Birth, (Street and Number) Baltimore Fort St No ninety

Name of Mother Mary Marsh

r's Maiden Name Mary walker

r's Birthplace prince george Co Md

Name of Father walter Marsh

r's Occupation Saler

r's Birthplace verginna

of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

ess William St No 3 y 4

rks

RETURN OF A BIRTH.

41277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1941
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 January 1941
4. Place of Birth (Street and Number)	141 E Pratt St.
5. Full Name of Mother	Friederike Dressel
6. Mother's Maiden Name	Kronister
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Dressel
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Steiz
Address	151 E Pratt St,
Remarks	

11

RETURN OF A BIRTH

45278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 Jan.
4. *Place of Birth, (Street and Number)*	# 211 S. Sharp St
5. *Full Name of Mother,*	Lina Schultz
6. *Mother's Maiden Name,*	" Gunther
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Peter Schultz
9. *Father's Occupation,*	Balto
10. *Father's Birthplace,*	Tinner
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1881
BALTIMORE MD

That any Physician, Midwife, or other Person who shall attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	26th January 1881
4. *Place of Birth, (Street and Number)*	# 2 Forest St
5. *Full Name of Mother,*	Georgianna Stokes
6. *Mother's Maiden Name,*	Georgianna Stokes
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	# 5 Forest St
Address,	Harriet Jackson
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45280

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26th of January
4. *Place of Birth, (Street and Number)* Forte avance No 120
5. *Full Name of Mother,* Emma Haas
6. *Mother's Maiden Name,* Emma Peters
7. *Mother's Birthplace,* Hanover Germany
8. *Full Name of Father,* Frank Haas
9. *Father's Occupation,* Fire man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilhelmina Luith

Address, 396 south sharp street

Remarks,

That any Physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 26th 1881
4. *Place of Birth (Street and Number)* 263 N. Dallas st
5. *Full Name of Mother* Catherine Sharp
6. *Mother's Maiden Name* Diefelin
7. *Mother's Birthplace* New York. N. Y.
8. *Full Name of Father* Chs. Sharp
9. *Father's Occupation* Baker
10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address 256 John st

Remarks

45282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) F
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* Jany 26, 1881
4. *Place of Birth* (Street and Number) Balto & Harrison Sts
5. *Full Name of Mother* Mrs W.E. Thornton
6. *Mother's Maiden Name* Parrott
7. *Mother's Birthplace* E.S. of Maryland
8. *Full Name of Father* W. E. Thornton
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Richard Mc Sherry M.D

Address 189 N Howard St

Remarks

RETURN OF A BIRTH.

45283

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 26th 1881
4. *Place of Birth (Street and Number)*	8 E. Biddle St
5. *Full Name of Mother*	Alice Bupk
6. *Mother's Maiden Name*	Alice Jones
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Amos Bupk
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Silas M. Hunter MD
Address	36 Gresmont Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

5 12814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown Shine
3. *Date of Birth,* January 26 1891.
4. *Place of Birth, (Street and Number)* 80 plum alley
5. *Full Name of Mother,* florist Hall
6. *Mother's Maiden Name,* florist Carter
7. *Mother's Birthplace,* West Baltimore.
8. *Full Name of Father,* Jacob Hall.
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Montgomery County MD.

Name of Medical Attendant, or other Person who makes this Return. Annie Bythewood

Address, 80 plum alley

Remarks, the child is getting baby linen.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45285

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 ch.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 26 '81.
4. *Place of Birth, (Street and Number)* 314 Harrish St
5. *Full Name of Mother,* Anne E. Tully
6. *Mother's Maiden Name,* " " Knight
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Alfred Tully
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 162 E Calvert St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 26th 1911
4. *Place of Birth, (Street and Number)* 3 Clay St
5. *Full Name of Mother,* Lelia Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Easton Talbot Md
8. *Full Name of Father,* Wesley Williams
9. *Father's Occupation,*
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Mary F Dorsey

Address, 83 Oxford St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45287

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* withe
3. *Date of Birth,* 26th Jan. 1881
4. *Place of Birth, (Street and Number)* 91 Pierce Street
5. *Full Name of Mother,* Anna Margarethe Kreuder
6. *Mother's Maiden Name,* Anna Margarethe Schomann
7. *Mother's Birthplace,* Utterigshousen Hesse Kassel
8. *Full Name of Father,* Chares Kreuder
9. *Father's Occupation,* Schoe maker
10. *Father's Birthplace,* Grünberg Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Dunler

Remarks, c/o No. 60 Schroeder St

That any Physician, accoucheur, nudwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26 1881
4. *Place of Birth, (Street and Number)* Baltimore Hospital No 31
5. *Full Name of Mother,* A. Sikora
6. *Mother's Maiden Name,* M. Pottorka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* J. Sikora
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return ..... Mary Hospital

Address, 69 Washington st

Remarks, May Dr still

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. *Sex, (state whether male or female)* Bub.
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 27ten Januar
4. *Place of Birth, (Street and Number)* No 2. Schäppel Str
5. *Full Name of Mother,* Chattrine Roht
6. *Mother's Maiden Name,* Chattrine Bergmann
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Friederich Roht
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197. S. Dallas Str

Remarks, Hemme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 27th 1881
4. *Place of Birth, (Street and Number)* 98 Randall
5. *Full Name of Mother,* Sarah A. Mates
6. *Mother's Maiden Name,* Sarah A Mick
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Wm J. Mates
9. *Father's Occupation,* Glass Shearer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 140 Hanover

Remarks,

That any Physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45291

HEALTH DEPARTMENT
29
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 27 th 1881
4. *Place of Birth, (Street and Number)*	N.E. 26 Clement st
5. *Full Name of Mother,*	Elise Brisco
6. *Mother's Maiden Name,*	Filling
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Gorge Brisco
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schaaster midwife
Address,	330 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45292

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 27, 1881
4. *Place of Birth, (Street and Number)* 7 Mulberry St.
5. *Full Name of Mother,* Fannie Evans
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Frank Evans
9. *Father's Occupation,* Porter.
10. *Father's Birthplace,* Eastern Shore Va.

Name of Medical Attendant, or other Person who makes this Return J H Scarff M D

Address,

Remarks, 4 Cathedral St

That any physician, accoucheur, midwife, or other person who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

115293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1951 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 27 January
4. *Place of Birth,* (*Street and Number*) 196 E. Lombard
5. *Full Name of Mother,* Dina Binstein
6. *Mother's Maiden Name,* Eitel
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Charles Binstein
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dina Binstein

Address, 82 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

452911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person attending, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 27. 1881
4. *Place of Birth, (Street and Number)* Maternite. 161 W Lanvale.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Phila Pa
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown Res Phys Maternite

Address, 161 W Lanvale

Remarks, Child healthy in good condition

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT REC'D FEB 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person attending, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday January 27th 1881
4. *Place of Birth, (Street and Number)*	213 James St.
5. *Full Name of Mother,*	Bridget Cunningham
6. *Mother's Maiden Name,*	Bridget Brady
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Cunningham
9. *Father's Occupation,*	Lager Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	257 Greenmount Ave
Remarks,	Vertex Presentation

RETURN OF A BIRTH

45976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 5th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 27 Jan. 91
4. *Place of Birth,* (*Street and Number*) 93 Portland St
5. *Full Name of Mother,* Louise Zange
6. *Mother's Maiden Name,* " Strattman
7. *Mother's Birthplace,* Berlin (Germany)
8. *Full Name of Father,* Max Zange
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Saxony (Germany)

Name of Medical Attendant, or other Person who makes this Return. Mary Noah

Address, 328 E. Eutaw St.

Remarks,

JOHN S. PIET, PRINTER & STATIONER, BALT.

45297

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27 1881
4. *Place of Birth, (Street and Number)* #217 Canton Ave
5. *Full Name of Mother,* Katie Horr
6. *Mother's Maiden Name,* Semmler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Horr
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 2
1891
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 27. 1891
4. *Place of Birth (Street and Number)* 274 Division St.
5. *Full Name of Mother* Margaret Geiba
6. *Mother's Maiden Name* " Tolley
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Aaron Geiba
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.

Address 68 McCulloh St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27th " 1881
4. Place of Birth (Street and Number)	Baltimore Armstead Lane No 16
5. Full Name of Mother	Mary Riley
6. Mother's Maiden Name	" Mooney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Pat Riley
9. Father's Occupation	Coal passer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth Scarborough
Address	No " 220 Montgomery st
Remarks	

45300

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 27 1881.
4. *Place of Birth, (Street and Number)* No 60 Frederick Ave.
5. *Full Name of Mother* Lizzie Macka
6. *Mother's Maiden Name* Lizzie Smith
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Macks.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No 57 Bantalor St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	January 29th
4. *Place of Birth, (Street and Number)*	132 York St
5. *Full Name of Mother,*	Sarah Howard
6. *Mother's Maiden Name,*	Sarah Ward
7. *Mother's Birthplace,*	Anamessic county md
8. *Full Name of Father,*	Francis Wesley
9. *Father's Occupation,*	white washer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 4 Patterson avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

45302

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1921 BALTIMORE

That any Physician, accoucheur, midwife, or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27th
4. *Place of Birth, (Street and Number)*	No 18 E Monument St
5. *Full Name of Mother,*	Mary Amanda Healy
6. *Mother's Maiden Name,*	Welsh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Michael Healy
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 27 1881
4. *Place of Birth (Street and Number)* 334 South Bond St
5. *Full Name of Mother* Pauline Buckley
6. *Mother's Maiden Name* Pauline Boeackel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Buckley
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lousia Smith

Address The child is Healthy

Remarks Name of Child Lillie Buckley

That any physician, [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 27th 1881

4. Place of Birth (Street and Number) 1818 W. Lombard St.

5. Full Name of Mother Anna Hoffman

6. Mother's Maiden Name Anna Flack

7. Mother's Birthplace Baltimore

8. Full Name of Father W. E. Hoffman

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitterberger

Address 1721 W. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45306

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

Name of Child Anna Margaret Monk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* ~~Fmal~~ Female
2. *Race or Color, (if not of the white race)* Jan 27th 1881
3. *Date of Birth,* White
4. *Place of Birth, (Street and Number)* #144 S. Castle St.
5. *Full Name of Mother,* Rose A Monk
6. *Mother's Maiden Name,* Rose (Apple) Himmer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Monk
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address, #17, 2 Washington St.

Remarks,

That any Physician, accoucheur, midwife, or other person who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45306

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th.
4. *Place of Birth, (Street and Number)* No. 209 W. Fayette.
5. *Full Name of Mother,* Mary E. Kniss
6. *Mother's Maiden Name,* Mary E. Ruff
7. *Mother's Birthplace,* Baltimore City M. D.
8. *Full Name of Father,* William Kniss
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Budingen Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Miss Dunnler

Remarks, No 60 Schroeder Str north

That any Physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45304

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 28th 1881
4. *Place of Birth, (Street and Number)*	109 109 Leadenhall
5. *Full Name of Mother,*	Susan M. Keefe
6. *Mother's Maiden Name,*	Susan M. Trumbull
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jno F. Keefe
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke MD
Address,	140 Hanover St
Remarks,	

That any Physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (~~*state whether 1st, 2d*~~, 3d, ~~&c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* January 28th 1881
4. *Place of Birth (Street and Number)* 553 W Lombard St.
5. *Full Name of Mother* Ida M. Welsh
6. *Mother's Maiden Name* Ida M. Loane.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Randolph G. Welsh
9. *Father's Occupation* Screwman, State Tobacco Warehouse
10. *Father's Birthplace* Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Skrozed Ma City.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 28th 1881
4. *Place of Birth, (Street and Number)* 37 Castle str
5. *Full Name of Mother,* Elizabeth Bonday
6. *Mother's Maiden Name,* " Gilbert
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph L. Bonday.
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45310

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 28 of June
4. *Place of Birth, (Street and Number)* No. 220 E Thorn St
5. *Full Name of Mother* Mage Nigl
6. *Mother's Maiden Name* Mage Fell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Fell
9. *Father's Occupation* Tazler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Christina Sauer

Remarks 173 Harford

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 28 Jan
4. *Place of Birth, (Street and Number)* No 59 No 59 Jemima St
5. *Full Name of Mother* Barbara Walter
6. *Mother's Maiden Name* Barbara Schmeppe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Schmeppe
9. *Father's Occupation* John Maher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 177 Harfer ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

145312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 28th 1881
4. *Place of Birth (Street and Number)*	109 N. Ann St
5. *Full Name of Mother*	Clara Appleby
6. *Mother's Maiden Name*	Clara Irwin
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	Samuel Appleby
9. *Father's Occupation*	Wood Engraver
10. *Father's Birthplace*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Wm N. Hill M.D.
Address	196 E. Baltimore St
Remarks	

45313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 28th. 6 o'clock A.M.
4. *Place of Birth, (Street and Number)* No. 42 Portland St.
5. *Full Name of Mother,* Susan Wickerser
6. *Mother's Maiden Name,* Schlerf,
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* John Wickerser
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Elderdice M.D.

Address, N.E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition, & living.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

453131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 1904 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 January
4. *Place of Birth, (Street and Number)* 4 Constitution
5. *Full Name of Mother,* Carolina Schäfer
6. *Mother's Maiden Name,* Schäfer
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Charles Schäfer
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 S Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

45315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 25th Jany 1881
4. *Place of Birth* (Street and Number) 352 Ostend
5. *Full Name of Mother* Mary Kinnett
6. *Mother's Maiden Name* Kinneagan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Roger Kinnett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. N. Webster

Address 57 Bank

Remarks

RETURN OF A BIRTH.

45316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 2
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28 1881
4. *Place of Birth (Street and Number)* Abys Street No 31
5. *Full Name of Mother* Sarah E Roberts
6. *Mother's Maiden Name* Sarah E Ire
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Roberts
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

45319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1931 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 January 1931
4. Place of Birth (Street and Number)	304 Canton Ave.
5. Full Name of Mother	Minna Roberson
6. Mother's Maiden Name	Derr
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Wesley Roberson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	1514 E Pratt St.
Remarks	

RETURN OF A BIRTH.

45318

11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 3
1886
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 inst
4. *Place of Birth (Street and Number)* 1c 121 Druid hill Avenue
5. *Full Name of Mother* Mary Crawford
6. *Mother's Maiden Name* Johnston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Piper Crawford
9. *Father's Occupation* Car driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address

Remarks N 13 Holland st

11539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb. 6th. 1881

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	this is the 4th Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	January 28th
4. Place of Birth (Street and Number)	Duncans Alley No. 7 E. N.
5. Full Name of Mother	Susanna Reddy
6. Mother's Maiden Name	Lacy
7. Mother's Birthplace	King & Queen County Va.
8. Full Name of Father	Isaac Williams Reddy
9. Father's Occupation	Laborer
10. Father's Birthplace	Charleston South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Anney Wiggins 106 Register St.
Address	
Remarks	

45320

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, ~~(if not of the~~ white ~~race)~~*
3. *Date of Birth,* 28th Jany. 81
4. *Place of Birth, (Street and Number)* 424 N. Carey St.
5. *Full Name of Mother,* Mamie Harman
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* William H. Harman
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. W. Owings, M. D.
274 Madison Ave.

That any Physician, or other Person, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15321

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
3
1881
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28th 1881
4. *Place of Birth (Street and Number)* 236 Lee st
5. *Full Name of Mother* Fannie Poulson
6. *Mother's Maiden Name* " Barnett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Howard Poulson
9. *Father's Occupation* P. O. Clerk
10. *Father's Birthplace* Delaware

Name of Medical Attendant, or other Person who makes this Return. R. C. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH

45322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th ~~McDonogh st~~
4. *Place of Birth, (Street and Number)* 307 McDonogh st
5. *Full Name of Mother,* Mary Bowen
6. *Mother's Maiden Name,* " Ralorg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Bowen
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return: Mrs Oliver

Address, 220 N. Eden st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45323

HEALTH DEPARTMENT 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) .....

1. *Sex (state whether Male ~~or Female~~)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28th 1881
4. *Place of Birth (Street and Number)* 37 Pearl st
5. *Full Name of Mother* Mary Duball
6. *Mother's Maiden Name* Mary Cornell
7. *Mother's Birthplace* Hancock Washington Co. Md
8. *Full Name of Father* Richard Thomas Duball
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Wm Cornell M.D.

Address 498 W Fayette st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.53214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 9 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 28th
4. *Place of Birth (Street and Number)* 191 W. Biddle St
5. *Full Name of Mother* Julia C. Bishop
6. *Mother's Maiden Name* " " Keller
7. *Mother's Birthplace* Balto County
8. *Full Name of Father* Wm H. Bishop
9. *Father's Occupation* Clerk
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. J C Burch M D

Address 151 Hanover St

Remarks

45325

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 28/81
4. *Place of Birth, (Street and Number)* 209 N. Holl. St.
5. *Full Name of Mother,* Jane Spreckenreuther
6. *Mother's Maiden Name,* " Krine
7. *Mother's Birthplace,* " Balto.
8. *Full Name of Father,* Michael Spreckenreuther
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 169 N. Calvert St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45326

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* January 2. 8th 1881.
4. *Place of Birth, (Street and Number)* # 274. North. Bond st.
5. *Full Name of Mother* Emma Germak.
6. *Mother's Maiden Name* Emma Specht.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* William Germak
9. *Father's Occupation* Stone cutter.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Anna Hillegeist

Address 182. E Monument st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 15327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29th
4. *Place of Birth, (Street and Number)* No 261 Fleet st.
5. *Full Name of Mother,* Fannie Beumeler
6. *Mother's Maiden Name,* Katz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Beumeler
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45328

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* January 29th 1881
4. *Place of Birth (Street and Number)* 120 Tyson Street
5. *Full Name of Mother* Annie Burley
6. *Mother's Maiden Name* " Adams
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Burley
9. *Father's Occupation* ~~Balto City~~ Waggoner
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. T. J. Ward M.D.

Address 127 St Paul St

Remarks

RETURN OF A BIRTH,

15329

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 29th 1881
4. *Place of Birth, (Street and Number)* 27 Broadway So
5. *Full Name of Mother* Henrietta Slaughter
6. *Mother's Maiden Name* " " Myers
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Washington Slaughter
9. *Father's Occupation* Fireman B. & P.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Wm. Louis A. Fuhrman

Address 165 Lee St.

Remarks

RETURN OF A BIRTH

15330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* Jan 29th 81
4. *Place of Birth,* (Street and Number) No 127 S Chapel.
5. *Full Name of Mother,* Catherine Jaeger
6. *Mother's Maiden Name,* " Shaum
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* John Jaeger
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 29th 1881
4. *Place of Birth, (Street and Number)* 169 Bethel st
5. *Full Name of Mother,* Maria Kernisa
6. *Mother's Maiden Name,* " Hadwig
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Adolf Kernisa
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank Lane

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45332

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 January
4. *Place of Birth, (Street and Number)* 43 N Canal
5. *Full Name of Mother,* Mari Boreis
6. *Mother's Maiden Name,* Markwitt
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Christ Boreis
9. *Father's Occupation,* Mashinist
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

That any Physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Januar 29 1881
4. *Place of Birth, (Street and Number)* 39 Milemar Str.
5. *Full Name of Mother,* Susane Bauer
6. *Mother's Maiden Name,* Susane Fuller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernst Bauer
9. *Father's Occupation,* Kabenedmaker
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 S. Bond Str.

Remarks,

That any Physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45334

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29th 81
4. *Place of Birth, (Street and Number)* Penn & Ave Extended
5. *Full Name of Mother,* Mary Ryon
6. *Mother's Maiden Name,* " Chapman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Ryon
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. G. W. Ames M.D

Address, Cor Stricker & Presstman

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 29
4. *Place of Birth, (Street and Number)* 6 Hanover st
5. *Full Name of Mother* Annie E Fisher
6. *Mother's Maiden Name* " " Gardner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James D Fisher
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

GIVEN NAME ADDED 6-7-54 45336

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE.

Mary Katherine ~~Henrietta~~ Louis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29th 81
4. *Place of Birth, (Street and Number)* " 251 S. Howard St.
5. *Full Name of Mother,* Mary. Louise
6. *Mother's Maiden Name,* " Lambert
7. *Mother's Birthplace,* New. York
8. *Full Name of Father,* Jno. Louise
9. *Father's Occupation,* Grocery Dealer.
10. *Father's Birthplace,* Hanover (Gy)

Name of Medical Attendant, or other Person who makes this Return. Mary Wolf

Address, 328 S. Eutaw St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11537

HEALTH DEPARTMENT
FEB 2
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 29 1881
4. *Place of Birth (Street and Number)* Hughes St 1232
5. *Full Name of Mother* Elen Kraft
6. *Mother's Maiden Name* Elen Hofman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kraft
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address No 10 Abys street

Remarks

RETURN OF A BIRTH,

45331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1831 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5the

1. *Sex (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* 29 Januar
4. *Place of Birth, (Street and Number)* 128 Durham Stret
5. *Full Name of Mother* Marie Weber
6. *Mother's Maiden Name* Klajn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Klajn
9. *Father's Occupation* ———
10. *Father's Birthplace* Estrajch Germany

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address Wolfe Stret 245.

Remarks

48

11539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* 29th January.
4. *Place of Birth (Street and Number)* No. 9 Hully Lane.
5. *Full Name of Mother* Racheal Elliott.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Thomas Elliott.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address No. 25 Gist Str. City.

Remarks

RETURN OF A BIRTH

45340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	january 29 th
4. *Place of Birth, (Street and Number)*	19 lee st
5. *Full Name of Mother,*	mary e davis
6. *Mother's Maiden Name,*	mary e fannon
7. *Mother's Birthplace,*	worchester county md
8. *Full Name of Father,*	jacob davis
9. *Father's Occupation,*	under taker
10. *Father's Birthplace,*	worcester county
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

JOHN G. PIET, PRINTER & STATIONER, BALT.

45341

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex, (state whether male ~~or female)~~*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 29, 1881.
4. *Place of Birth, (Street and Number)* Federal St, no number
5. *Full Name of Mother,* Katharina Brauer
6. *Mother's Maiden Name,* Katharina Hübner
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Heinrich Brauer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

453142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 29. 1881.
4. *Place of Birth, (Street and Number)* Canton, Av. No 279,
5. *Full Name of Mother,* Sophia Holl,
6. *Mother's Maiden Name,* Sophia Lauterbach
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wilhelm Holl
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Heiligkreuz Steinach, Gr. Baden. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Fuller

Address, N. Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

1453143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 2. b child
1. Sex (state whether Male or Female)	Male b child
2. Race or Color (if not of the white race)	Color b child
3. Date of Birth	January 29.
4. Place of Birth (Street and Number)	Hamberger street No 30 1884
5. Full Name of Mother	Alice Amison
6. Mother's Maiden Name	Alice Smith
7. Mother's Birthplace	Baltimore M. D.
8. Full Name of Father	Chas Amison
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore M. D.
Name of Medical Attendant, or other Person who makes this Return.	Milley Grant
Address	181 Park Street
Remarks	

RETURN OF A BIRTH

453144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 29th
4. *Place of Birth, (Street and Number)*	E Chase near Bond
5. *Full Name of Mother,*	Lizzie Farrell
6. *Mother's Maiden Name,*	Fitzpatrick
7. *Mother's Birthplace,*	Balt Co
8. *Full Name of Father,*	James Farrell
9. *Father's Occupation,*	Gas Inspector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 29 /81

4. Place of Birth (Street and Number) 339 Lexington

5. Full Name of Mother Hannah Gutman

6. Mother's Maiden Name Hannah Braffman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Julius Gutman

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A B Arnold M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45346

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 29th 1881
4. *Place of Birth, (Street and Number)* Baltimore Gilford St. N° 21
5. *Full Name of Mother* Annie Golden
6. *Mother's Maiden Name* Bleiker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Golden
9. *Father's Occupation* Laborer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address N° 140 Ramsay St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 8 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colt
3. *Date of Birth* Jany. 29 1881.
4. *Place of Birth (Street and Number)* 160 N. Biddle st
5. *Full Name of Mother.* Isabel de la Roche
6. *Mother's Maiden Name* " Marshall
7. *Mother's Birthplace* Md
8. *Full Name of Father* Wm. J. F. de la Roche
9. *Father's Occupation* Adams Express Employee
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. Tannyhill

Address 129 N. Biddle St

Remarks Premature labor 5 weeks before full term child asphyxiated but resored by vigorous shaking &c child doing well Feb. 7 1881

45348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 29th 1881

4. Place of Birth (Street and Number) 235 N. Eutaw St

5. Full Name of Mother Alice Bayne

6. Mother's Maiden Name Alice Lorane

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo W. Bayne

9. Father's Occupation Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. G W Mottenberg

Address 121 W. Monument St

Remarks Premature – 5 Mos.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45349

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan. 29th 1881
4. *Place of Birth, (Street and Number)*	336 Hamburg St.
5. *Full Name of Mother*	Emma Eccles
6. *Mother's Maiden Name*	" Gaaway
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Alfred Eccles
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Dr. Mary A Richmond
Address	185 Lee St.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

45350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 29th 1881
4. Place of Birth (Street and Number)	W. Fayette St
5. Full Name of Mother	Mary Anna Shilden
6. Mother's Maiden Name	Mott
7. Mother's Birthplace	Michigan U.S.
8. Full Name of Father	John D Shilden
9 Father's Occupation	Sea Captain
10. Father's Birthplace	Pegasacken Germany
Name of Medical Attendant, or other Person who makes this Return.	E Goverdon M.D.
Address	289 W Fayette st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45351

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th of January 1881
4. *Place of Birth, (Street and Number)* Nro 125 South Fremont Str
5. *Full Name of Mother,* Mary, Elisabeth, Einwaechter
6. *Mother's Maiden Name,* Mary, Elisabeth, Weyrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George, Alexander, Einwaechter
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Miss Dowler
No 60 Schroeder Sts

MAR 16 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 30 1881
4. *Place of Birth, (Street and Number)* No 31 Burke str.
5. *Full Name of Mother,* Eliza Singley
6. *Mother's Maiden Name,* " Klemme
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Singly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 January
4. *Place of Birth, (Street and Number)* 49 N. Washington
5. *Full Name of Mother,* Wilhelmin. Thram
6. *Mother's Maiden Name,* Eiring
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Thram
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs David Casper

Address, 52 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan 30 '81
4. *Place of Birth, (Street and Number)*	Maryland Maternity.
5. *Full Name of Mother,*	Hester Lake
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Unknown
8. *Full Name of Father,*	"
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other Person who makes this Return.	J. M. Brown M.D. Res Phys
Address,	Maryland Maternity. 161 Lombard
Remarks,	Child not doing well.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45355

RETURN OF A BIRTH

HEALTH DEPARTMENT
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20, 1881
4. *Place of Birth, (Street and Number)* Maryland Maternity, 161 Lombard
5. *Full Name of Mother,* Ellie Davis
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown Res. Phys. Maryland Maternity

Address,

Remarks, Very large fine looking Child with 14 Toes. 7 on each foot.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45356

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 8 d.

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) white

3. *Date of Birth,* January 30 1881

4. *Place of Birth,* (*Street and Number*) 74 n. Wolfe St.

5. *Full Name of Mother,* Kathrin Schreiber

6. *Mother's Maiden Name,* Germane

7. *Mother's Birthplace,* Katz. Deupert

8. *Full Name of Father,* Philip Schreiber

9. *Father's Occupation,* Kalender

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 n. Broadst.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45357

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Jan 30/81
4. *Place of Birth, (Street and Number)* Bolton Ally
5. *Full Name of Mother,* May Johnson
6. *Mother's Maiden Name,* " Spencer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Saml. Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Howes M.D.

Address, Co. Stucker & Printers

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45358

HEALTH DEPARTMENT 1831 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 30th day of January 1891
4. *Place of Birth, (Street and Number)* No 8 Liberty Road Balto Md
5. *Full Name of Mother* Nettie Mayers
6. *Mother's Maiden Name* Nettie Mc Cathern
7. *Mother's Birthplace* Illenois
8. *Full Name of Father* Frank A Mayers
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Carrol

Address 171 Freeman Street

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

43359

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 30 - 1881
4. *Place of Birth (Street and Number)* No 4 Little Williamson Street
5. *Full Name of Mother* Penlenia Lately
6. *Mother's Maiden Name* Penlenia Hilmyer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Lately
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

45360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 30 1881
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Burwister Slater
6. *Mother's Maiden Name* Burwister Painter
7. *Mother's Birthplace* Smith Vill
8. *Full Name of Father* John J B Slater
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E Ball

Address No 171 South Chester St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

115361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 30th 1881
4. *Place of Birth (Street and Number)* 350 Eastern Av.
5. *Full Name of Mother* Catherine Horst
6. *Mother's Maiden Name* " Spaner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jno. H. Horst
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this return P. L. Dauschmid

Address 97 S. Broadway.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45362

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female Child.
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth,* January the 3 1881
4. *Place of Birth, (Street and Number)* City Booth 1 No 4.
5. *Full Name of Mother,* Mary Troy.
6. *Mother's Maiden Name,* Mary Colbert.
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Lewis Troy
9. *Father's Occupation,* Daily Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Anderson

Address, No 53 Vincent St.

Remarks,

No Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 30th 1881
4. Place of Birth (Street and Number) No 30 S. Paca Street Baltimore Md
5. Full Name of Mother Mary B Kenton
6. Mother's Maiden Name Mary B Oliver
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Levi C Kenton
9. Father's Occupation Cordwainer
10. Father's Birthplace Mount Holly New Jersey

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mary Jane Richardson

No 212 Dover Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45364

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 30th 1881
4. *Place of Birth, (Street and Number)* 24 Bartlett St
5. *Full Name of Mother,* Virginia Anderson
6. *Mother's Maiden Name,* Crow
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm C Anderson
9. *Father's Occupation,* —
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White "
3. *Date of Birth,*	Jan 30th 1881
4. *Place of Birth, (Street and Number)*	#8 Fell st
5. *Full Name of Mother,*	M. E. Schmeltz
6. *Mother's Maiden Name,*	M Eckstein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	H Schmeltz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timmes
Address,	# 171 ℓ Washington pl.
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

45366

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 30th 1881
4. *Place of Birth, (Street and Number)* 22 Parrish St
5. *Full Name of Mother,* Mary Dowling
6. *Mother's Maiden Name,* " Braden
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Patrick Dowling
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Ireland ~~Balto Md~~

Name of Medical Attendant, or other Person who makes this Return.

Address, J. L. Sheaf Mr

Remarks, 387 B Lombard St

JOHN B. PIET, PRINTER & STATIONER, BALT.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

45367

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child 2d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 30th 1881
4. *Place of Birth* (Street and Number)	Baltimore No 197 N. Paul St.
5. *Full Name of Mother*	Isabelle Smith
6. *Mother's Maiden Name*	Isabelle Jones
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Eugene A. Smith
9. *Father's Occupation*	Shirt Cutter
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address	No 1141 Orleans Street.
Remarks	

45368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 30th 1881
4. Place of Birth (Street and Number) 197 Gr. Wolf St. Baltimore
5. Full Name of Mother Isabelle Smith
6. Mother's Maiden Name Isabelle Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father George Alexandre Smith
9. Father's Occupation Shirt Cutter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Catharine M. Bedford.

Address No. 141 Orleans St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* ~~White~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 30th
4. *Place of Birth (Street and Number)* 170 Chestnut St.
5. *Full Name of Mother* Mrs. S. H. Grosham
6. *Mother's Maiden Name* " " Tauber
7. *Mother's Birthplace* Balti.
8. *Full Name of Father* W. Grosham
9. *Father's Occupation* Fifthwheel Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No. 26 [illegible] Baltimore

Remarks M.L.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT
DEC
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 January
4. *Place of Birth, (Street and Number)* 102 N. Bethel
5. *Full Name of Mother,* Anna Renker
6. *Mother's Maiden Name,* " Buerkish
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Renker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 120 Barnes St.

Remarks,

JOHN P. PIET, PRINTER & STATIONER, BALT.

45371

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 83

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 30 1881
4. *Place of Birth, (Street and Number)* 60 Columbia ave
5. *Full Name of Mother,* Johnson
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* W H Johnson
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. F. A. Kemp

Address, 55 N Green St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 31st
4. *Place of Birth, (Street and Number)* 13 Shirk St.
5. *Full Name of Mother,* Annie Lau
6. *Mother's Maiden Name,* " Lasly.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lau.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

RETURN OF A BIRTH

45373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 January
4. *Place of Birth, (Street and Number)* 146 E. Lombard
5. *Full Name of Mother,* Magi Ting
6. *Mother's Maiden Name,* Elgert
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Charles Ting
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Sawyer

Address, 92 E. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31 1891
4. *Place of Birth, (Street and Number)* # 235 Caton Ave
5. *Full Name of Mother,* Ester Weinberg
6. *Mother's Maiden Name,* Muir
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Simon Weinberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Mayer

Address, # 236 Caton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45375

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January the 31 1891
4. Place of Birth (Street and Number)	Hinchaw st No 96
5. Full Name of Mother	Hannah Cush
6. Mother's Maiden Name	Hannah Barry
7. Mother's Birthplace	Martins Bing Co
8. Full Name of Father	Michl Cush
9. Father's Occupation	Carpenter
10. Father's Birthplace	Iceland Co Limbrick
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fahrney
Address	792 Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 31st 1881
4. *Place of Birth, (Street and Number)* Cor Keyser & Chester Streets
5. *Full Name of Mother* Sarah Lizzie Keenan
6. *Mother's Maiden Name* Hudson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Preston Keenan
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. T. W. Seldner M.D.

Address [illegible]

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 31, 1881
4. *Place of Birth, (Street and Number)* 191 Johnson st
5. *Full Name of Mother* Lizzie Bennett
6. *Mother's Maiden Name* J. Cloud
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Bennett
9. *Father's Occupation* Boatsman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Over

RETURN OF A BIRTH

45378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31st 1881
4. *Place of Birth, (Street and Number)* #269 Allicanna Street
5. *Full Name of Mother,* Katie ~~Bringman~~ Bringman
6. *Mother's Maiden Name,* " " Frantz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William ~~Bringman~~ Bringman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks, Full name of child - William Bringman

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45379

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 31 January
4. *Place of Birth (Street and Number)* Back Street
5. *Full Name of Mother* Fanny Wilson
6. *Mother's Maiden Name* Same
7. *Mother's Birthplace* Harford Co
8. *Full Name of Father* Wilson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

45380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 31 1881

4. Place of Birth (Street and Number) 269 E Pratt St

5. Full Name of Mother Mary Ramer

6. Mother's Maiden Name Mary Schwab

7. Mother's Birthplace City

8. Full Name of Father Charles Ramer

9. Father's Occupation Clerk

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. A B Arnold MD

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 6th Jany. 1881
4. *Place of Birth,* (*Street and Number*) 10 Hill St.
5. *Full Name of Mother,* Jane N. ~~Ramey~~ Morgan
6. *Mother's Maiden Name,* " Ramey.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm H. Morgan
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. A. M. Dodge M.D.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45382

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 31st 1881
4. *Place of Birth, (Street and Number)* Baltimore St. Peter & No. 116
5. *Full Name of Mother* Mary Bouyer
6. *Mother's Maiden Name* " Kenny
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Bouyer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ramsey St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 31. Jany. 1881
4. *Place of Birth (Street and Number)* 313 Park ave
5. *Full Name of Mother* Martha Forrerden Saint Martin
6. *Mother's Maiden Name* " " Badders
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Joseph Hepburn Saint Martin
9. *Father's Occupation* Merchandise Broker
10. *Father's Birthplace* Louisiana

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address 129 W Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

115384

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1901 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 January
4. *Place of Birth, (Street and Number)* 364 E Eager St
5. *Full Name of Mother,* Margaretha Dietz
6. *Mother's Maiden Name,* " " Fassan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dietz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

45385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Fr.
2. Race or Color (if not of the white race) Col.
3. Date of Birth Jan 31. 1881
4. Place of Birth (Street and Number) 35 Waesche St
5. Full Name of Mother Julia Parrott
6. Mother's Maiden Name Barber
7. Mother's Birthplace St. Mary's Co.
8. Full Name of Father Nathaniel Parrott
9. Father's Occupation Waiter
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson M. D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4-5386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 the
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	31 January
4. Place of Birth (Street and Number)	Carlton Street 4
5. Full Name of Mother	Elise Jaeger
6. Mother's Maiden Name	Elise Biely
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Philipp Jaeger
9. Father's Occupation	Laborer
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	A. F. Reinhard
Address	224 West Fayette Street
Remarks	

45387

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 31st /81
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Ann Amelia Gross
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H. Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address, 83 Oxford St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11

11

115358

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 1st 81
4. *Place of Birth, (Street and Number)* 328 Hamburg St.
5. *Full Name of Mother,* Lizzie Bottcher.
6. *Mother's Maiden Name,* " Zinkand.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Bottcher.
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Roh

Address, 328 S. Eutaw St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 1st 1881

4. *Place of Birth, (Street and Number)* No 93 Fort Ave

5. *Full Name of Mother,* Sarah Harper

6. *Mother's Maiden Name,* Sarah Creech

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Washington C. Harper

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hunter

Address, No 666 South Charles Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Mil

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Whole
3. *Date of Birth* Feby 1st 1891
4. *Place of Birth (Street and Number)* 247 Dickerson St
5. *Full Name of Mother* Bridget D. Salomon
6. *Mother's Maiden Name* Bridget D. Whalen
7. *Mother's Birthplace* Balto Mid
8. *Full Name of Father* Francis C. Salomon
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto Mid

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45391

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 1st.
4. *Place of Birth, (Street and Number)* 256 Hanover st
5. *Full Name of Mother,* Mary Kaminsky
6. *Mother's Maiden Name,* Mary Schreiber
7. *Mother's Birthplace,* Kleeon Germany Prussia
8. *Full Name of Father,* Frank Kaminsky
9. *Father's Occupation,* Wheelright
10. *Father's Birthplace,* Krottowchen Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. W Katharine Mung

Address, 8 Leadenhall St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45392

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 1 of Sep
4. *Place of Birth, (Street and Number)* No 61 Howson St
5. *Full Name of Mother* Kaltz Lidgins
6. *Mother's Maiden Name* Kaltz Filsgaids
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lidgins
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 1 [illegible] Harpeen [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

14393

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 3rd 1861

HEALTH DEPARTMENT FEB 4 1861 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Dec 1st 1851.
4. *Place of Birth, (Street and Number)* 2 Castle Street.
5. *Full Name of Mother* Barbara Hoecklein.
6. *Mother's Maiden Name* Barbara Wehl.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andreas Hoecklein.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address 157 South Wolfe Street

Remarks Ch

45394

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 1st 1881
4. *Place of Birth, (Street and Number)* N. W. corner Calvert & Mulberry Sts
5. *Full Name of Mother*
6. *Mother's Maiden Name* Frances Lewis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bernard Campbell
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* ~~Baltimore~~ Ireland

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5 Franklin St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45395

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT FEB 5 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1st Febry. 81.
4. *Place of Birth, (Street and Number)* 109 Wallas St.
5. *Full Name of Mother,* —
6. *Mother's Maiden Name,* Annie Thomas
7. *Mother's Birthplace,* Balti Md
8. *Full Name of Father,* No Acct
9. *Father's Occupation,* No Acct
10. *Father's Birthplace,* No Acct

Name of Medical Attendant, or other Person who makes this Return. Mr Leah Naesler

Address, No 15 Duncan Alley

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 1st 1881
4. *Place of Birth, (Street and Number)* Baltimore 133 Aisquith Street
5. *Full Name of Mother* Rachel E Clark
6. *Mother's Maiden Name* Rachel E Baring
7. *Mother's Birthplace* Carroll County Md
8. *Full Name of Father* William J Clark
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Amanda E Marine

Address 378 E Monument Street

Remarks

RETURN OF A BIRTH

45397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 1 st 1881
4. *Place of Birth, (Street and Number)*	№ 374 Light st
5. *Full Name of Mother,*	Mary Petroman
6. *Mother's Maiden Name,*	Otto
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Edward Petroman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address,	330 Hanover st
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45398

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* 19 Pleasant
5. *Full Name of Mother,* Dora Berr
6. *Mother's Maiden Name,* Eisig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Marks Berr
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* 217 E Exeter
5. *Full Name of Mother,* Lizi Ribec
6. *Mother's Maiden Name,* Nort
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jorch Ribec
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs Sara Harper
12. *Address,* 82 E Lombard
13. *Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

BALTIMORE HEALTH DEPARTMENT FEB 7 1881

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 5400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feby 1st 1881

4. Place of Birth, (Street and Number) 196 N Bethel st

5. Full Name of Mother, Laura Jane Williams

6. Mother's Maiden Name, Laura Jane Webster

7. Mother's Birthplace, Balto City

8. Full Name of Father, William David Williams

9. Father's Occupation, Foreman Can press

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return E Geo Wallis MD

Address, 271 N Broadway

Remarks, Child Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
8
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 1st 81
4. *Place of Birth, (Street and Number)*	146 N. Wolfe St
5. *Full Name of Mother,*	Eva Wright
6. *Mother's Maiden Name,*	" Watts
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mark Wright
9. *Father's Occupation,*	Hucster
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other Person who makes this Return	Mrs Oliver
Address,	220 N. Eden St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-7-55

454021

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 9 1881 BALTIMORE

Bertha Estelle Nocho 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Feby 1st 1881
4. *Place of Birth, (Street and Number)* 12 S Pine St
5. *Full Name of Mother,* Mary J Nocho
6. *Mother's Maiden Name,* " " Jackson
7. *Mother's Birthplace,* Lancaster Penn
8. *Full Name of Father,* Saml Scott Nocho
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 168 S Paca St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT

45403

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Feb 1881
4. *Place of Birth, (Street and Number)* Balt Duncan Ally No 43
5. *Full Name of Mother,* Hatie Tack
6. *Mother's Maiden Name,* Hatie Fox
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Tack
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 69 N. Washington st

Remarks, Mary Kaptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 1st 1881
4. Place of Birth (Street and Number) 234 E Monument St
5. Full Name of Mother Lucy Newbell
6. Mother's Maiden Name " Anthony
7. Mother's Birthplace Virginia
8. Full Name of Father Alphonsus Newbell
9. Father's Occupation
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E Hall Rutledge

Address 151 Asquith St

Remarks The father of this child is now in our Jail for Biggamy under an other name. I cannot state positively what his correct name is

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45405

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st
4. *Place of Birth, (Street and Number)* 39 Ryan st
5. *Full Name of Mother,* Lizzie Doyle
6. *Mother's Maiden Name,* Lizzie Roche
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Doyle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Suback No 439. W. Pratt St.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45406

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st February 1881
4. *Place of Birth, (Street and Number)* 872 W. Baltimore St
5. *Full Name of Mother,* Maria Bergen
6. *Mother's Maiden Name,* Maria Fuchs
7. *Mother's Birthplace,* Curhesse - Prussia (Frankenberg)
8. *Full Name of Father,* Eberhard Bergen
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Allendorf on Lumda Hesse-Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Mrs Dunkler
do 60 Schroeder Sts

JOHN B. PIET, PRINTER & STATIONER, BALT.

45407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 2 1881
4. Place of Birth (Street and Number) Warren avenue
5. Full Name of Mother Martha Shoemaker
6. Mother's Maiden Name Martha Marshal
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father John W. Shoemaker
9. Father's Occupation Meat dealer
10. Father's Birthplace Illinois

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address 108 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BI[illegible]

To the Office of Registrar of Vital Statis[illegible]

BALTIMORE CI[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether male or female)* Female [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth, (Street and Number)* No 39 [illegible]
5. *Full Name of Mother* Barbara Hoffman
6. *Mother's Maiden Name* Barbara [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August [illegible]
9. *Father's Occupation* Congenner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

[illegible] Shaferry

[illegible]

[illegible] Statistics in the City of [illegible]

[illegible] wife, or other person in charge [illegible] of Baltimore, shall report to [illegible] sex, and color of the child [illegible] full name, nativity and residence [illegible] of children.

RETURN OF A BIRTH

45409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2nd
4. *Place of Birth, (Street and Number)* 1699 Randall Street
5. *Full Name of Mother,* Elizabeth Hill
6. *Mother's Maiden Name,* Elizabeth Hart
7. *Mother's Birthplace,* Milltown Ireland
8. *Full Name of Father,* Jesse Hill
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, 1666 South Charles Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11 6 4 10

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth {5}
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2nd 1881
4. Place of Birth (Street and Number)	57 E Pratt St
5. Full Name of Mother	Matilda Krosman
6. Mother's Maiden Name	Englebach
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Frederick Krosman
9 Father's Occupation	Tin Can Maker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	F. E. Fooks MD
Address	241 E Balto St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 3rd 1881

HEALTH DEPARTMENT FEB 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 2nd 1881
4. *Place of Birth, (Street and Number)* 177 Bellingham Avenue
5. *Full Name of Mother* Hannah Pitter
6. *Mother's Maiden Name* Hannah Kahn
7. *Mother's Birthplace* America
8. *Full Name of Father* John Pitter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann L

Address 37 South Wolfe Street

Remarks Col

RETURN OF A BIRTH

4-5412

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex,* (*state whether male or* ~~female~~)
2. *Race or* ~~Color~~, (*if not of the white race*)
3. *Date of Birth,* Feb 2, 1881
4. *Place of Birth,* (*Street and Number*) 350 McDonogh St
5. *Full Name of Mother,* Catharine R. Fox
6. *Mother's Maiden Name,* " " Reiff
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* Abner H. Fox
9. *Father's Occupation,* Baggage Agent
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M.D.

Address, 347 N Broadway

Remarks,

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. FIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 2 1931
4. *Place of Birth, (Street and Number)* 54 Cross st
5. *Full Name of Mother* Lizzie Hodges
6. *Mother's Maiden Name* Lizzie Hubbard
7. *Mother's Birthplace* Country
8. *Full Name of Father* William Hodges
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Laborer

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann North

Address

Remarks

454414

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 February
4. *Place of Birth, (Street and Number)* 15 E. Lombard
5. *Full Name of Mother,* Christine Kasten
6. *Mother's Maiden Name,* Voss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolf Kasten
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kasten

Address, 82 E Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45415

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of February
4. *Place of Birth, (Street and Number)* N 129 Ulsey St
5. *Full Name of Mother,* Fate Salzbluser
6. *Mother's Maiden Name,* Fate Sumner
7. *Mother's Birthplace,* R Phillipstal
8. *Full Name of Father,* John Salzbluser
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Newjersey

Name of Medical Attendant, or other Person who makes this Return. Catina Gerstaube

Address, N 1 or West St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45416

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of February 1881
4. *Place of Birth, (Street and Number)* Patapsco Neck Baltim
5. *Full Name of Mother,* Matilda Adams
6. *Mother's Maiden Name,* Theil
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Adams
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd Feb 1881
4. *Place of Birth, (Street and Number)* Balto Carolina st No 125
5. *Full Name of Mother,* Ma Bob
6. *Mother's Maiden Name,* Mag. Jane Coleman
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jo. Bob
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mag Stephens

Address, 69 Washington st

Remarks, Mag Stephens

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 27 Feb 1881
4. *Place of Birth, (Street and Number)* Balto Talbot st No 133
5. *Full Name of Mother,* Mrs Pandora
6. *Mother's Maiden Name,* A Sabacka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jo Sabeska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Crofut

Address, 69 Washington st

Remarks, Mary Crofut

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d Feb
4. *Place of Birth (Street and Number)* No 40 E Baltimore St
5. *Full Name of Mother* Bertha ~~Hartz~~ Welshr
6. *Mother's Maiden Name* Bertha Hartz
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Alaonz Welshr
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Welsh

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26, [illegible] Baltimore [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45420

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2 3 4 5

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White Rope

Date of Birth, January the 2 1881

Place of Birth, (Street and Number) Hair Son St

Full Name of Mother, maggie E Thornton

Mother's Maiden Name, Caston Sor

Mother's Birthplace, Cear Shoar

Full Name of Father, K William Thornton

Father's Occupation, Druger Caston Shore

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lucy Sidney

Address, No Tatapo dunne

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 2nd 81
4. *Place of Birth, (Street and Number)*	#415 W. Pratt St.
5. *Full Name of Mother,*	Barbara Biche
6. *Mother's Maiden Name,*	Ullman
7. *Mother's Birthplace,*	Baden.
8. *Full Name of Father,*	Gottfried Biche
9. *Father's Occupation,*	Box maker.
10. *Father's Birthplace,*	Wittemberg.
Name of Medical Attendant, or other Person who makes this Return.	Mary Work
Address,	328 S. Eutaw St
Remarks,	

HEALTH DEPARTMENT FEB 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

454221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born Feb 2nd
4. *Place of Birth, (Street and Number)* Baltimore 119 West
5. *Full Name of Mother,* [illegible] Scott
6. *Mother's Maiden Name,* Soil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible] Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] Wilson

Address, 314 [illegible]

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11511 23

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr 22d 1881
4. *Place of Birth, (Street and Number)*	# 3 Griffin's Court
5. *Full Name of Mother,*	M. S. Moran
6. *Mother's Maiden Name,*	M. Dibert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Moran
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simmons
Address,	# 171 E. Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

454424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Feb 2d 1881
4. *Place of Birth,* (*Street and Number*) No 668 Wolf st
5. *Full Name of Mother,* Maria Pdemiewski
6. *Mother's Maiden Name,* " Wornak
7. *Mother's Birthplace,* Bohemia (Europe)
8. *Full Name of Father,* Franz Pdemiewski
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* (Bohemia)

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bk.

Address, 120 Bank st.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

45425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 2. 1881
4. *Place of Birth (Street and Number)* 307 W. Hoffman St
5. *Full Name of Mother* Anna M. Grahe
6. *Mother's Maiden Name* " " Shivers
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Jno H. C. Grahe
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 3 1881
4. *Place of Birth, (Street and Number)* Fremond Av. No 145
5. *Full Name of Mother,* Kath. Adam
6. *Mother's Maiden Name,* Stedter
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Adam
9. *Father's Occupation,* Ingenieur
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanny Rauboch

Address, S. Wolf No 14 Midwife

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex (state whether male or female)* Boj
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* 2 Februar
4. *Place of Birth, (Street and Number)* 118 Durham Stred
5. *Full Name of Mother* Barbara Saeger
6. *Mother's Maiden Name* Engelhard
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Henry Engelhard
9. *Father's Occupation* —
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address Wolfe Street 245.

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, [redacted].)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 3rd
4. *Place of Birth (Street and Number)* 232 George Street
5. *Full Name of Mother* Kate A Bennett
6. *Mother's Maiden Name* " " Mesanberg
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* George W Bennett
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Frank W Gunn M.D.

Address 187 Saratoga

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

45429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

Extract. Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd Feb. 1881
4. *Place of Birth, (Street and Number)*	210 Hollins St
5. *Full Name of Mother,*	Lucy Winfield Casey Kimball
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Emory Casey
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. T. Benson M. D.
Address,	187 Hollins st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45430

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 3 ed 1881
4. *Place of Birth, (Street and Number)* No. 58 William st
5. *Full Name of Mother,* Emma Folcke
6. *Mother's Maiden Name,* Lindenstrut
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* William Folcke
9. *Father's Occupation,* Blackschmitt
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return. C. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

Extract Regulations of the Board of Health to secure a full and correct

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[redacted] child
1. Sex (state whether Male or Female)	Female child
2. Race or Color (if not of the white race)	Color child
3. Date of Birth	3 of February 1881
4. Place of Birth (Street and Number)	Ea alley No. 14
5. Full Name of Mother	Birdsey Cornish
6. Mother's Maiden Name	
7. Mother's Birthplace	Carnage
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Margt Wilson
Address	No. 16 Hanover alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

454321

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Feburry 3rd 1881
4. *Place of Birth, (Street and Number)* Arch Street No 63 Balto Md
5. *Full Name of Mother,* Harrett Shearwood
6. *Mother's Maiden Name,* Harrett Thomas
7. *Mother's Birthplace,* Easton Talbot County Maryland
8. *Full Name of Father,* Henry Shearwood
9. *Father's Occupation,* Poter
10. *Father's Birthplace,* Easton Talbot County Maryland

Name of Medical Attendant, or other Person who makes this Return. James H Pennington

Address, Sara Pennington Jews Alley No 2 Balto Md

Remarks, They Child is fully developed and gives fair Promise with the proper care to live

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 3rd 1881
4. *Place of Birth, (Street and Number)*	305 ½ Penn St
5. *Full Name of Mother,*	Ottilie Pietsch
6. *Mother's Maiden Name,*	Veronika
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Pietsch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Finn
Address,	# 171 S Chapel Washington Pl
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

454434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 3 - 1881
4. *Place of Birth, (Street and Number)* No 211 N Wolfe St
5. *Full Name of Mother,* Clara Speights
6. *Mother's Maiden Name,* Clara Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas J. Speights
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 246 McDonogh st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

154435

HEALTH DEPARTMENT
1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 February
4. *Place of Birth, (Street and Number)*	124 Burgundy Stt
5. *Full Name of Mother,*	Bertha Eck
6. *Mother's Maiden Name,*	Bertha Voltmer
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Philipp Eck
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Schlieper
Address,	21 Columbia Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115436

HEALTH DEPARTMENT 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Brown

3. *Date of Birth,* February 3rd 1891

4. *Place of Birth, (Street and Number)* Stockton at Pratt

5. *Full Name of Mother,* Mary Williams

6. *Mother's Maiden Name,* Mary Corish

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Samuel Williams

9. *Father's Occupation,* Oyster shucker

10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Sarah Hollan

Address, Stockton at Pratt 22

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11.571.37

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Feb 4th 1881

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st or 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 3d 1881
4. *Place of Birth, (Street and Number)* No 263 S Caroline St
5. *Full Name of Mother* Caroline Weber
6. *Mother's Maiden Name* Caroline Kurz.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Henry Weber
9. *Father's Occupation* Cuter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnand.

Address No 137 S. Wolfe St.

Remarks C
C

RETURN OF A BIRTH.

45438

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	~~white~~ male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of Feb. 1881
4. Place of Birth (Street and Number)	N. Fremont 104 S.E. Cor. Lanvale
5. Full Name of Mother	Eleonore Born
6. Mother's Maiden Name	Eleonore Schmidt
7. Mother's Birthplace	Polle Germany
8. Full Name of Father	John Born
9. Father's Occupation	Liquor dealer
10. Father's Birthplace	Erselhausen Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.51139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 3: 1881
4. *Place of Birth (Street and Number)* 198 Saratoga st
5. *Full Name of Mother* Lottie Sylvie
6. *Mother's Maiden Name* " Simpson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William A. Sylvie
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams M.D.

Address 201 Madison Ave

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45440

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 7th 3 of Febr 1881
4. *Place of Birth, (Street and Number)* 51 Middleton Ste
5. *Full Name of Mother* Mary Jolly
6. *Mother's Maiden Name* Mary Wing
7. *Mother's Birthplace* Dorcester County
8. *Full Name of Father* Wesley Jolly
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorcester County

Name of Medical Attendant, or other Person who makes this Return.

Address Routh Williams 70 Chestnut Ste

Remarks Mother and Child Day Will

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

454441

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4th 1881
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Illegitimate Mrs Martha Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Mr Robert Brown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. F. F. Ward M D
Address 127 St Paul St
Remarks. Miscarriage of Six Months well developed

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 2, 4, 81.
4. *Place of Birth (Street and Number)* 364 Saratoga St
5. *Full Name of Mother* Emma F. P. Brin
6. *Mother's Maiden Name* Stuck
7. *Mother's Birthplace* Wilmington Del.
8. *Full Name of Father* Charles Brin
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 Level

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	February 4th
4. *Place of Birth, (Street and Number)*	no 34 Eden Hall St
5. *Full Name of Mother,*	mary E watts
6. *Mother's Maiden Name,*	mary E Fowler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James watts
9. *Father's Occupation,*	labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

HEALTH DEPARTMENT FEB 1901 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1881
BALTIMORE

That any Physician, accoucheur, mid... person in charge, ... shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 4th 1881
4. *Place of Birth, (Street and Number)* 534 Penn ave
5. *Full Name of Mother* Mrs Hellen Rooks
6. *Mother's Maiden Name* M Hellen Trimble
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Warren Rook
9. *Father's Occupation* Painter
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address 171 Pressman st

Remarks Healthy

RETURN OF A BIRTH

454445

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, or other person who shall advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of February 1881.
4. *Place of Birth, (Street and Number)*	No. 8 Oden Street
5. *Full Name of Mother,*	Caline Schmitt
6. *Mother's Maiden Name,*	Caline Herwe
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Herwe
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address,	11 North Chapel Street per Justina Kunkel
Remarks,	Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15116

HEALTH DEPARTMENT FEB 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in cha[rge] who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of February 1881.
4. *Place of Birth, (Street and Number).* Corner Orlean and Chapthan street
5. *Full Name of Mother,* Mary Barringer
6. *Mother's Maiden Name,* Mary Arlandler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomas Arlander
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Roth Chester county Md.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel E Street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45444

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4th February
4. *Place of Birth, (Street and Number)* 2 Andre St Saint Paul
5. *Full Name of Mother* Annie Louisa Perkins
6. *Mother's Maiden Name* Annie Louisa Ackerman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Spence Perkins
9. *Father's Occupation* Painter
10. *Father's Birthplace* Richmond County Virginia

Name of Medical Attendant, or other Person who makes this Return. Magie Ethol

Address No 18 Eutaw Street

Remarks

RETURN OF A BIRTH

154418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1901
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th
4. *Place of Birth, (Street and Number)* 43 Castle Street
5. *Full Name of Mother,* Margaret Ann Hagan
6. *Mother's Maiden Name,* Mc Kenna
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Hagan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45449

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* Feb 4th 1881
4. *Place of Birth, (Street and Number)* 61 Harrison St
5. *Full Name of Mother,* Rebecca Nathan
6. *Mother's Maiden Name,* " Collins
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Thos Nathan
9. *Father's Occupation,*
10. *Father's Birthplace,* Irlind

Name of Medical Attendant, or other Person who makes this Return. D S Mahon M D

Address, No 128 Exeter St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

154450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 4th 1881
4. *Place of Birth, (Street and Number)* 343 E. Pratt St.
5. *Full Name of Mother,* Mary Hermes Bollman,
6. *Mother's Maiden Name,* " " De Mangin,
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John Worrell Bollman,
9. *Father's Occupation,* Constructing Engineer,
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M. D.

Address, Balt. & Wash. R.R.

Remarks, Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
11
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb. 4. 1881
4. Place of Birth (Street and Number) 293 Raborg st
5. Full Name of Mother Fannie Jackson
6. Mother's Maiden Name Jackson
7. Mother's Birthplace Frederick County
8. Full Name of Father Hary Taylor
9. Father's Occupation Furniture Wagon drawer
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish

Address 745 Saratoga st

Remarks the Child is still alive

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 4th Febr 1881
4. Place of Birth (Street and Number) 202 Mulberry St
5. Full Name of Mother Minie Reilly
6. Mother's Maiden Name Minie Leyborn
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Reilly
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Heldman M.D.

Address 120 Pearl St. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1931 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* The 4th of February.
4. *Place of Birth, (Street and Number)* No 73 North Fremont St.
5. *Full Name of Mother,* Carolina Wilhelmina Vetten.
6. *Mother's Maiden Name,* Carolina Wilhelmina Lenz.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Henry Vetten.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Bleichenbach Grossherzogthum Hessen.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Fielbach.

Address, No 439 West Pratt St.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45454

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord 1881
3. *Date of Birth,* Born on the 14 Feb
4. *Place of Birth, (Street and Number)* West Street No 222
5. *Full Name of Mother,* Miss Martha Butler
6. *Mother's Maiden Name,* Miss Martha Butler
7. *Mother's Birthplace,* A A co
8. *Full Name of Father,* Mr John Taylor
9. *Father's Occupation,* oyster Shucker
10. *Father's Birthplace,* A A co

Name of Medical Attendant, or other Person who makes this Return. Madmam Nancy Logan

Address, Winter Street 28

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 4th 1881
4. Place of Birth (Street and Number)	25 E. Fayette st
5. Full Name of Mother	Elizabeth Leyh
6. Mother's Maiden Name	Elizabeth
7. Mother's Birthplace	Germany
8. Full Name of Father	Edward Leyh
9. Father's Occupation	Editor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. Liebmann M.D.
Address	229 W. Lombard st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45456

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 4th 1881
4. *Place of Birth, (Street and Number)* 13 Register st
5. *Full Name of Mother,* Johanna Wolff.
6. *Mother's Maiden Name,* " Weitzle
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Anton Wolff
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* Feb 4th 1881
4. *Place of Birth,* (Street and Number) No 105 Exeter st
5. *Full Name of Mother,* Amelia Armling
6. *Mother's Maiden Name,* " Kimble
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Armling
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Belz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45458

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb 4th 1881
4. *Place of Birth, (Street and Number)* Baltimore City College North Howard
5. *Full Name of Mother* Mary Daffin
6. *Mother's Maiden Name* Mary Hennick
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Louis Hennick
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzehe

Address 345 Kenna ave

Remarks

45459

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~4th of February~~
3. *Date of Birth,* 4th of February
4. *Place of Birth, (Street and Number)* 13 Federal St.
5. *Full Name of Mother,* Catharine ~~Ginnevan~~ Williams
6. *Mother's Maiden Name,* Ginnevan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Williams
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45460

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) ~~5~~ 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born on the 4 day of february
4. *Place of Birth, (Street and Number)* No 302 ~~[illegible]~~ Gross st
5. *Full Name of Mother,* Mrs Minnie Heinz
6. *Mother's Maiden Name,* Minnie Dietz
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr Jacob Heinz
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katharina Munch

Address, 8 Leadenhall St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1 35461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the patents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 5. 1881
4. *Place of Birth (Street and Number)*	386 E. Baltimore St.
5. *Full Name of Mother*	Lizzie A. Onion.
6. *Mother's Maiden Name*	Lizzie A. Onion.
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Lewis G. Onion
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. W. Hanck M.D.
Address	35. E. Balto St.
Remarks	

RETURN OF A BIRTH,

454 62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 7
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female = 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 5th
4. *Place of Birth, (Street and Number)* Fort Avenue 286.
5. *Full Name of Mother* Jane Smith
6. *Mother's Maiden Name* Jane Fisher
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John F. Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Anarabdle County Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson

Address 452. Fort Avenue

Remarks Mother and Child Doing well

RETURN OF A BIRTH

11463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 February
4. *Place of Birth, (Street and Number)* 80 Market Space
5. *Full Name of Mother,* Mina Walter
6. *Mother's Maiden Name,* Dahlkamp
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Robert Walter
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lyda Taylor

Address, 82 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45464

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 6th 1881
4. *Place of Birth, (Street and Number)* 383 E Eager St
5. *Full Name of Mother* Athaway Hymes
6. *Mother's Maiden Name* Athaway Day
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Millard Hymes
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catharine Day

Address

Remarks

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

45465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown complection
3. *Date of Birth,* February 6th 1881
4. *Place of Birth, (Street and Number)* 21 Rose St
5. *Full Name of Mother,* Sarah Davis
6. *Mother's Maiden Name,* " Preston
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* George Davis
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* West River.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45466

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 5 1881
4. *Place of Birth, (Street and Number)*	179 Madeira alley
5. *Full Name of Mother,*	A. B. Trent
6. *Mother's Maiden Name,*	A Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Coan Trient
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Simms
Address,	171 S. Washington St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

15467

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* W.

3. *Date of Birth* Feb. 5th 1881

4. *Place of Birth (Street and Number)* 36. N. Chapel St

5. *Full Name of Mother* Frances R. Wooten

6. *Mother's Maiden Name* F. R. Fair

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Jesse W. Wooten

9. *Father's Occupation* Can maker

10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lynch

Address 178 Broadway

Remarks 7 mos. very immature. breathed feebly for two hours. & died.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

11465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 5
1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 5 th 1881
4. *Place of Birth, (Street and Number)* 47 Pin alley
5. *Full Name of Mother,* Grace Sattwell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County, Va
8. *Full Name of Father,* Edward Sattwell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Accomac County Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. Feb. 5 1881
4. *Place of Birth, (Street and Number)* Mulikin 275
5. *Full Name of Mother,* Rachel Berry
6. *Mother's Maiden Name,* Rachel Hammond
7. *Mother's Birthplace,* Annemundal Co. Md.
8. *Full Name of Father,* Thomas Berry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 N. Durham St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 5 1881
4. *Place of Birth (Street and Number)* Cor Duncan St
5. *Full Name of Mother* Emma Whisted
6. *Mother's Maiden Name* Em Yeam
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Whisted
9. *Father's Occupation* Can Caper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss E Tracy

Address 193 Chester St

Remarks [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 5 1881
4. *Place of Birth, (Street and Number)* Hampstead St. No 67
5. *Full Name of Mother,* Mary A. Naerr
6. *Mother's Maiden Name,* Mary A. Comer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John T. Naerr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 5th 1881
4. *Place of Birth (Street and Number)* 5 N High st
5. *Full Name of Mother* Martha Melia
6. *Mother's Maiden Name* Martha McLinden
7. *Mother's Birthplace* Savannah Ga
8. *Full Name of Father* John Melia
9. *Father's Occupation* Pictures & LeGlasses
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26, N [illegible]

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45473

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Zond child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday February 5th 1881
4. *Place of Birth, (Street and Number)* 164 E Monument St.
5. *Full Name of Mother,* Laura Donaldson
6. *Mother's Maiden Name,* Laura Mann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Donaldson
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 257 Greenmont Ave

Remarks, Vertex Presentation

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11.5.4.714

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Feby 5, 1881.
4. *Place of Birth, (Street and Number)*	8 Herring's Court.
5. *Full Name of Mother,*	Harriet Strong
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia, U.S.
8. *Full Name of Father,*	Alex Jones.
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M.D.
Address,	94 S. Broadway.
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIST, PRINTER & STATIONER, BALT.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

45475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 5 1881
4. *Place of Birth, (Street and Number)*	192 S. Bond Street.
5. *Full Name of Mother,*	Maggie Reed
6. *Mother's Maiden Name,*	Meidhard
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michead Reed
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft.
Address,	236 Canton Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 6th 1881 7.15 P.M.
4. *Place of Birth (Street and Number)*	41 Lewis st (Cove)
5. *Full Name of Mother*	Mary Walter
6. *Mother's Maiden Name*	Mary Sella
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George J. Walter
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	

45477

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6th of Feb 1881
4. *Place of Birth, (Street and Number)* 580 Aisquith St.
5. *Full Name of Mother* C. Heintz
6. *Mother's Maiden Name* C. Hoinson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Philippe Heine
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 123 N. Caroline

Remarks

H.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45478

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of February 1881
4. *Place of Birth, (Street and Number)* No 40 Lead. ale
5. *Full Name of Mother,* Maggie Gumer
6. *Mother's Maiden Name,* Maggie Shafer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gumer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45479

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of February
4. *Place of Birth, (Street and Number)* No 199 Whittier
5. *Full Name of Mother,* Maggie Healy
6. *Mother's Maiden Name,* Maggie Holden
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Healy
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Labor Cash

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

115480

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE MD

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 6th 1881
4. *Place of Birth, (Street and Number)*	# 168 S. Chapel Pl
5. *Full Name of Mother,*	Pink E. Tracey
6. *Mother's Maiden Name,*	Pink Tracey
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Tracey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Lennus
Address,	# 171 S. Washington Pl
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4548 81

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 9
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 6 1881
4. *Place of Birth, (Street and Number)* No 129 Chew Street
5. *Full Name of Mother,* Anne E. Wheeler
6. *Mother's Maiden Name,* Annie E. Clocker
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George W. Wheeler
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address, 286 McDonogh st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* February 6 - 88
4. *Place of Birth,* (*Street and Number*) No 23 Jefferson St
5. *Full Name of Mother,* Mary M. Fisher
6. *Mother's Maiden Name,* Mary M. Mosher
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John H. Fisher
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N. Monroe St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45483

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 3 1921
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Feb. 6th 1881
4. Place of Birth (Street and Number)	193 Eutaw St.
5. Full Name of Mother	Mary Lizzie
6. Mother's Maiden Name	Hipkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Robinson
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein, M.D.
Address	195 N. Eutaw St.
Remarks	

45484

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 6 th 1881
4. *Place of Birth, (Street and Number)* No 312 s. Charles st
5. *Full Name of Mother,* Cathern Reichert
6. *Mother's Maiden Name,* Linthoefer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Reichert
9. *Father's Occupation,* Twitch man
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45485

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 6th 1881.
4. *Place of Birth, (Street and Number)*	11 Penn st.
5. *Full Name of Mother,*	Emma Patterson
6. *Mother's Maiden Name,*	Emma Chance
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Patterson
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	John Pennington M.D.
Address,	134 N. Carrollton Av
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

4-5486

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex, (state whether male ~~or female.~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 6, 1881.
4. *Place of Birth, (Street and Number)* Mc Elderry St. N° 106,
5. *Full Name of Mother,* Elisabetha Müller
6. *Mother's Maiden Name,* Elisabetha Schönhals
7. *Mother's Birthplace,* Wahlen. Gr, Hessen. Germany
8. *Full Name of Father,* Andreas Müller
9. *Father's Occupation,* Tan maker
10. *Father's Birthplace,* Ex law. h, Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Müller

Address, N. Dallas St. N° 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45487

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 6th 1881
4. *Place of Birth, (Street and Number)* Gould Lane No 6
5. *Full Name of Mother* Martha Conway
6. *Mother's Maiden Name* Martha Russell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Conway
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 18 Byrd street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) —

1. *Sex (state whether male or female)* —
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 6th 1891
4. *Place of Birth, (Street and Number)* 31 Stiles St
5. *Full Name of Mother* Florence Virginia Thompson
6. *Mother's Maiden Name* Florence V. Glass
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Webb M. Thompson
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* Cecil County Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas T. Parkhill

Address 207 S. Broadway

Remarks —

RETURN OF A BIRTH

45489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* wite
3. *Date of Birth,* Feb 6th 1881
4. *Place of Birth, (Street and Number)* No 3 Dorsin Ale
5. *Full Name of Mother,* Mag Mac Dolnal
6. *Mother's Maiden Name,* Mag Mellery
7. *Mother's Birthplace,* Not known
8. *Full Name of Father,* William Mac Dolnal
9. *Father's Occupation,* Lader
10. *Father's Birthplace,* Not known

Name of Medical Attendant, or other Person who makes this Return. Virginia. Wheeler

Address, To Board of health. Baltimore City

Remarks, M D

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 6th 1881
4. *Place of Birth, (Street and Number)* # 18 S. Eutaw St.
5. *Full Name of Mother,* Carrie Turkey
6. *Mother's Maiden Name,* Appl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolph Turkey
9. *Father's Occupation,* Trunk maker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Wroh

Address, 328 S. Eutaw St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 6. 1881
4. *Place of Birth (Street and Number)* 152 George Street
5. *Full Name of Mother* Lucy Ellis Kessler
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John Kessler
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 McCulloh St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1861 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 6 th 1861
4. *Place of Birth* (Street and Number)	No 67 Regester st
5. *Full Name of Mother*	Mary Catherine Schaffer Wantzack
6. *Mother's Maiden Name*	" " Schaffer
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Wantzack
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M.D
Address	22 Jackson Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45493

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* the 6 febr 1881
4. *Place of Birth, (Street and Number)* No 6 min Court
5. *Full Name of Mother* George Ida Sutton
6. *Mother's Maiden Name* Georg Ida Nelson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel R Nelson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* West Middle Virgin

Name of Medical Attendant, or other Person who makes this Return. Robert Wilson

Address 70 Chestnut Ster

Remarks Mother and child doing well

45494

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 6. 1881.
4. *Place of Birth, (Street and Number)* Aisquith No. 111.
5. *Full Name of Mother,* Emma Klee
6. *Mother's Maiden Name,* Brittern
7. *Mother's Birthplace,* Co: Sera Virginia
8. *Full Name of Father,* Semy Klee
9. *Father's Occupation,* Klerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raubach

Address, S. Wolfstr. No. 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

45495

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) F.
2. Race or Color (if not of the white race) W
3. Date of Birth Feb 7 1881.
4. Place of Birth (Street and Number) 199 N Howard
5. Full Name of Mother Mrs J E Reindolese
6. Mother's Maiden Name Larmour
7. Mother's Birthplace Balto
8. Full Name of Father J. E. Reindolese
9. Father's Occupation Clerk
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Richard McSherry Md

Address 189 N Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 7th 1.25 P.M. 1881
4. *Place of Birth (Street and Number)* 309 E. Baltimore Street
5. *Full Name of Mother* Lizzie Frank
6. *Mother's Maiden Name* Lizzie Rice
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Moses Frank
9. *Father's Occupation* Clothing Store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Divinille M.D.

Address 299 E. Baltimore Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT REC 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of February 1881
4. *Place of Birth, (Street and Number)* 1152 Johnson St
5. *Full Name of Mother,* Rosey Pairey
6. *Mother's Maiden Name,* Rosey Bukey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bukeew
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Malina Griesbach

Address, No 1 [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15498

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of February
4. *Place of Birth, (Street and Number)* 319 Eastern Ave and Ada
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Sours
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Miller
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Wiley

Address, N. E. Baltimore Park Ave

Remarks,

JOHN S. PITT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 7th 1881
4. *Place of Birth, (Street and Number)* 74 Cider alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Alice Lee
7. *Mother's Birthplace,* North Thumberland Co Ver
8. *Full Name of Father,* Not - Know
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1931 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 7th 1931
4. *Place of Birth, (Street and Number)* No 14 Randall Street
5. *Full Name of Mother,* Lizzie Booker
6. *Mother's Maiden Name,* Lizzie Layman
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Henry Booker
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hunter

Address, No 666 South Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 7th
4. *Place of Birth, (Street and Number)* 343 Penna Ave
5. *Full Name of Mother,* Mary Hardy
6. *Mother's Maiden Name,* " Hawkins
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* John Hardy
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G H Jones M.D

Address, Cor Stricker & Preston

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 10 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Feb 7th 1881
4. Place of Birth (Street and Number)	217 N. Central Ave.
5. Full Name of Mother	Martha
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt
8. Full Name of Father	Edw. Melchor
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds
Address	176 Aisquith St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15503

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 7th
4. *Place of Birth, (Street and Number)* 99 Lancaster st
5. *Full Name of Mother* Lizzie M Langrek
6. *Mother's Maiden Name* Lizzie M Herman
7. *Mother's Birthplace* Harford County Md
8. *Full Name of Father* John W Langrek
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Suhl

Address 99 Lancaster st

Remarks _____

45504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 7th 1881
4. *Place of Birth, (Street and Number)* 22 Conway St
5. *Full Name of Mother,* Susan E. Schenkle
6. *Mother's Maiden Name,* Susan E. Riston
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Schenkle
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115505

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 7 1881
4. *Place of Birth, (Street and Number)* 62 N. Broadway
5. *Full Name of Mother,* Clara Wahl
6. *Mother's Maiden Name,* Clr. Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Wahl
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Rudiger

Address, 137 N. Bond Str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 7 1881
4. *Place of Birth, (Street and Number)* 86 n Gay St.
5. *Full Name of Mother,* Kathrine Schmidt
6. *Mother's Maiden Name,* Kathe. Dowling
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* John C. Schmidt
9. *Father's Occupation,* Chimney dieler
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 n Bond St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) First (1st)

1. *Sex* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth* February 4th Seventh 1881
4. *Place of Birth,* (*Street and Number*) No. 93 South Bond St.
5. *Full Name of Mother* Mrs. Laura George Dawes
6. *Mother's Maiden Name* Miss L. G. Veale
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr. George R. Dawes
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendinen M D

Address No. 102 South Broadway

Remarks

RETURN OF A BIRTH

11508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 4th
4. *Place of Birth, (Street and Number)*	138 Hanover St
5. *Full Name of Mother,*	alexis howard
6. *Mother's Maiden Name,*	alexis ward
7. *Mother's Birthplace,*	calvert county
8. *Full Name of Father,* (Hammond)	william t howard
9. *Father's Occupation,*	city police
10. *Father's Birthplace,*	calvert county
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lydia Porter
Address,	no 4 Patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

45509

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* Febury 16th 7. 1881.
4. *Place of Birth, (Street and Number)* 33 King Street
5. *Full Name of Mother* Victorie Clark
6. *Mother's Maiden Name* Victorie Kemmer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willians Kemmer
9. *Father's Occupation* Oyster Suker
10. *Father's Birthplace* Virygnu

Name of Medical Attendant, or other Person who makes this Return. John Bones

Address 4 Kinge St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 7th 81
4. *Place of Birth, (Street and Number)*	# 38 / Ridgely st.
5. *Full Name of Mother,*	Theresa / Bessel
6. *Mother's Maiden Name,*	/ Lang
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	G. H. Bessel
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Carpenter
Name of Medical Attendant, or other Person who makes this Return.	Mary Nash
Address,	# 328 S. Eutaw St.
Remarks,	

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 43511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 7th 1881
4. *Place of Birth, (Street and Number)* North Edbrook St 45 3.
5. *Full Name of Mother* Emma L. Forsythe.
6. *Mother's Maiden Name* Emma L. Tefft
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James W. Forsythe.
9. *Father's Occupation* Coach Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Carroll

Address No 171 Presstman Street,

Remarks Healthy.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 15512

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 27th. 1881
4. *Place of Birth, (Street and Number)* No 362 E. Madison St
5. *Full Name of Mother* Virginia Lancaster
6. *Mother's Maiden Name* Virginia Ogilvie
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Isaiah Lancaster
9. *Father's Occupation* Firm of Lancaster Shipping Office
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No 185 E. cor. Central av. & Monument St.

Remarks All Well

45513

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 7. 1881
4. *Place of Birth, (Street and Number)* 329 Franklin St
5. *Full Name of Mother,* Grace B. Shermer
6. *Mother's Maiden Name,* Foreman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jas Shermer
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* N Jersey

Name of Medical Attendant, or other Person who makes this Return W. F. A. Kemp

Address. 55 N Green St

Remarks. Craniotomy on child.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

455114

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ,
3. *Date of Birth,* Feb 7 '81
4. *Place of Birth, (Street and Number)* 240 Penna Ave
5. *Full Name of Mother,* Mary Gorsuch
6. *Mother's Maiden Name,* Mary Conkling
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Chas C. Gorsuch
9. *Father's Occupation,* Bookseller
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Keller, M.D.

Address, 87 N. Greene St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45515

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th of February.
4. *Place of Birth, (Street and Number)* 13 Federal St.
5. *Full Name of Mother,* Elizabeth Seiling
6. *Mother's Maiden Name,* " Zimmerman
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* William Seiling
9. *Father's Occupation,* Conductor.
10. *Father's Birthplace,* Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1931 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 7 1881
4. *Place of Birth, (Street and Number)* 136 S. Wolf Street
5. *Full Name of Mother,* Annie Raabe
6. *Mother's Maiden Name,* Schröder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Raabe
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 236 Canton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 7th 1881

4. Place of Birth (Street and Number) 236 Linden Av.

5. Full Name of Mother Alice Robinson

6. Mother's Maiden Name Alice Canby

7. Mother's Birthplace Baltimore

8. Full Name of Father Ed Robinson

9. Father's Occupation Merchant

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J W Whittington

Address 121 W Monument Ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45518

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 8 1921
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Henrietta Elizabeth Holthaus

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White "
3. *Date of Birth* February 8th 1881
4. *Place of Birth, (Street and Number)* 401 Gilmor St
5. *Full Name of Mother* Henrietta Heolthaus
6. *Mother's Maiden Name* " Riefler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry V. Heolthaus
9. *Father's Occupation* Paint & Oil
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5 Franklin St

Remarks Given name added June 12-1935 by undersigned [illegible]

Henrietta Elizabeth Holthaus

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 8 of february
4. Place of Birth (Street and Number) not bankards lane
5. Full Name of Mother Mary William
6. Mother's Maiden Name Mary Cook
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Williams
9. Father's Occupation Laborer.
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address 212 Dover, St

Remarks it was born a sickly child very sick.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45520

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 8th 1881
4. *Place of Birth, (Street and Number)*	№ 294 S. Charles st
5. *Full Name of Mother,*	Ernstine Grun
6. *Mother's Maiden Name,*	Gohlke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Grun
9. *Father's Occupation,*	Shoe maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohoasser Midwife
Address,	330 Hanover st.
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

That any Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 8th 1881
4. *Place of Birth, (Street and Number)*	Northeast corner Hanover and Cross St.
5. *Full Name of Mother,*	Mary Herman
6. *Mother's Maiden Name,*	Kraus
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Herman
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnaszer midwife
Address,	330 Hanover st.
Remarks,	House Without number

JOHN B. PIET, PRINTER & STATIONER, BALT.

45522

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 February
4. *Place of Birth, (Street and Number)* No 125 Exeter St
5. *Full Name of Mother,* Karoline Fortenbach
6. *Mother's Maiden Name,* Hiebche
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Fortenbach
9. *Father's Occupation,* Barbier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIFT, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of February 1881.
4. *Place of Birth, (Street and Number)*	49 North Durham street.
5. *Full Name of Mother,*	Liana Wagner
6. *Mother's Maiden Name,*	Lina Bruder.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Tony Bruder.
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address,	71 North Chapel stut. per Justina Kunkel
Remarks,	Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 155214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 10 84

HEALTH DEPARTMENT FEB 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 3rd 1884
4. *Place of Birth, (Street and Number)* 39 O'donnell Street
5. *Full Name of Mother* Annie Herget.
6. *Mother's Maiden Name* Annie Heis.
7. *Mother's Birthplace* America
8. *Full Name of Father* John Herget
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smead

Address 137 South Wolfe St.

Remarks C#2

RETURN OF A BIRTH

45525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 February
4. *Place of Birth, (Street and Number)* 16 President
5. *Full Name of Mother,* Mari Foye
6. *Mother's Maiden Name,* Cines
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Foye
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Leather

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1.5326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
15
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 8th
4. *Place of Birth, (Street and Number)* 44 Liberty Ally Baltimore City
5. *Full Name of Mother,* Mrs Mary Gilleran
6. *Mother's Maiden Name,* Mary Corcoran
7. *Mother's Birthplace,* Parish of Kiltown County of Roscommon = Ireland =
8. *Full Name of Father,* Michael Gilleran
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Parish of Kiltown County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return Wm Moylan

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 455527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 8th
4. *Place of Birth, (Street and Number)* 219 Hanover St
5. *Full Name of Mother* Elizabeth Reinhardt
6. *Mother's Maiden Name* Elizabeth Gorsuch
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Augustus Reinhardt
9. *Father's Occupation* Police
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Kate Langham

Address 242 North Central Ave

Remarks Doing well

45528

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th February
4. *Place of Birth, (Street and Number)* No 1 Vine
5. *Full Name of Mother,* Mary M Germershausen
6. *Mother's Maiden Name,* Mary M ~~[illegible]~~ Weisbrod
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frank F Germershausen
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address, No 45 S. Monroe St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 8th. 1881
4. *Place of Birth, (Street and Number)* No. 506 E Fayette St.
5. *Full Name of Mother* Rebecca Butt.
6. *Mother's Maiden Name* Rebecca Fossler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harry Butt
9. *Father's Occupation* Carpenter maker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mr. A. Butt.

Address No 185 E cor Central av & Monument St

Remarks Ill Well

RETURN OF A BIRTH.

1.5530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 8 — 1881
4. *Place of Birth (Street and Number)* 52 S. Central Av.
5. *Full Name of Mother* Bridget Donavon Tilbin
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Donovon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Meine
Address 151 E Pratt St,
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

45531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 1 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 8th 1881
4. *Place of Birth, (Street and Number)* No 420 Canton ave
5. *Full Name of Mother,* Kunigunda Betz
6. *Mother's Maiden Name,* " Schlich
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* George Betz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 1 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 8th 1881
4. *Place of Birth, (Street and Number)* N.E. Cor Caroline & Bank sts
5. *Full Name of Mother,* Kunigunda Rudel
6. *Mother's Maiden Name,* " Gebhart
7. *Mother's Birthplace,* Germ
8. *Full Name of Father,* John Rudel
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank Sts

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

115533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1887 BALTIMORE.

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb 9th 1887
4. *Place of Birth (Street and Number)* 170 Hughes Street
5. *Full Name of Mother* Elizabeth Lacy
6. *Mother's Maiden Name* Elizabeth Crooker
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Roland Lacy
9. *Father's Occupation* Superintendent of Life Insurance Co's
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address 153 Hanover

Remarks

45534

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth -

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 8/81
4. *Place of Birth, (Street and Number)* 1 N Carey St
5. *Full Name of Mother,* Amy C Simpson
6. *Mother's Maiden Name,* " " Hedges
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Ernest J Simpson.
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. W G Regester Md

Address, Mrs Fayette & Calhoun Sts

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 155635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 8th 1881
4. *Place of Birth, (Street and Number)* 384 Penna. Ave.
5. *Full Name of Mother* Hannah Wilkins
6. *Mother's Maiden Name* Laufsig
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry Wilkins
9. *Father's Occupation* Dairyman
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian, M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH

45536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1881
BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 8, 1881
4. *Place of Birth, (Street and Number)* McDonogh near Chas
5. *Full Name of Mother,* Annie M. Duvall
6. *Mother's Maiden Name,* Hart
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Duvall
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Sander St Jersey

Name of Medical Attendant, or other Person who makes this Return. White, M.D.

Address, 647 N Broadway

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 8 d
4. *Place of Birth (Street and Number)*	503 W. Hall st
5. *Full Name of Mother*	Maggie Weems
6. *Mother's Maiden Name*	" Stengel
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Sol. A. Weems
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace*	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buck M. D.
Address	151 N Amer st
Remarks	

45538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 9th 1881
4. *Place of Birth (Street and Number)* 187½ S. Exeter St.
5. *Full Name of Mother* Elma Harrow
6. *Mother's Maiden Name* do do
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Immaculate Conception
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 4 Cathedral St.

Remarks Vit

45539

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 9th 1881
4. *Place of Birth, (Street and Number)* 82 Rollington Ave
5. *Full Name of Mother,* Annie C. Henry
6. *Mother's Maiden Name,* " Kelley
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jno Edward Henry
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. S. Gladstone

Address, [illegible]

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 9th 1881
4. *Place of Birth, (Street and Number)*	No 726 Light st
5. *Full Name of Mother,*	Margaretth Bowers
6. *Mother's Maiden Name,*	Freier
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Bowers
9. *Father's Occupation,*	Wheelright
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lobegaser midwife
Address,	330 Hanover st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

115341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 12 1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, w... at the birth of any child, within the City of Baltimore, shall report to the registr... thereafter, stating distinctly the date of birth, sex, and color of the child or children bo... condition, whether still born or not, the full name, nativity, and residence of the parents, ... name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 9 1891
4. *Place of Birth, (Street and Number)* 116 Johnson st
5. *Full Name of Mother* Lizzie Marley
6. *Mother's Maiden Name* Lizzie Lassell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John L. Marley
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH

455442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9. day Feb:
4. *Place of Birth, (Street and Number)* No 67 S. Fremont st.
5. *Full Name of Mother,* Emma Habicht
6. *Mother's Maiden Name,* Emma Wickesser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank L. Habicht
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schleifer

Address, No 20 Columbia Ave.

Remarks,

Fine any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45543

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

hild of Mother, (state whether 1st, 2d, 3d, &c.) first 1

state whether Male or Female) male Brown

or Color (if not of the white race) Colord Brown

of Birth February 9th 1881

of Birth (Street and Number) Balto No 47 East St

Name of Mother Alace Snourden

r's Maiden Name Alace Snourden

r's Birthplace Maguerry County Md

Name of Father Louis Holaday

's Occupation Water

's Birthplace Philadelphia

of Medical Attendant, or other Person who makes this Return. doctmone

ss Return Horace Commons

ks Mid Wife Eliza Commons

Precedent 45 East St

45544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 9th Febr 1881
4. *Place of Birth (Street and Number)* 35 Waverhill
5. *Full Name of Mother* Lina Vogel
6. *Mother's Maiden Name* Lina Kuemerling (Germany)
7. *Mother's Birthplace* Geraa Sachsen Coburg Gotha
8. *Full Name of Father* Wigand Vogel
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Disberg (Germany)

Name of Medical Attendant, or other Person who makes this Return D.W. Heldman M.D.

Address 120 Pearl St Baltimore

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45545

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 9 1881
4. *Place of Birth, (Street and Number)* 24 Exeter st
5. *Full Name of Mother* Mary Mayer
6. *Mother's Maiden Name* Mary Fitzgerald
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* August Mayer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

...er person in charge, who shall attend, assist or advise ...timore, shall report to the registrar aforesaid, within six days ...th, sex, and color of the child or children born, its or their physical ... full name, nativity, and residence of the parents, and the maiden ...r children.

RETURN OF A BIRTH

45546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 tes Child

1. *Sex, (state whether male ~~or female~~)* "

2. *Race or Color, (if not of the white race)* White "

3. *Date of Birth,* February 4th, 1881.

4. *Place of Birth, (Street and Number)* E. Monument St. No 314,

5. *Full Name of Mother,* Babetta Föckel

6. *Mother's Maiden Name,* Babetta Hübner

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Georg Fockel

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Grünberg, Lgr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 7 February 1851
4. *Place of Birth* (Street and Number) 278 Lombard Street
5. *Full Name of Mother* Sarah E. Wells
6. *Mother's Maiden Name* Dickinson
7. *Mother's Birthplace* Mecklenburg County
8. *Full Name of Father* Harry Wells
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Harrington

Address 49 Cambridge st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45548

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9th Feb 1881
4. *Place of Birth, (Street and Number)* #7 Marion St
5. *Full Name of Mother,* Dorotea C. Gregory
6. *Mother's Maiden Name,* Dorotea Pae
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John C. Gregory
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach No 439 W. Pratt Sts.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45549

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 9ten Februar
4. *Place of Birth, (Street and Number)* 182 S. Carlein Str
5. *Full Name of Mother,* Mary Bläßsing
6. *Mother's Maiden Name,* Mary Klöhler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Bläßsing
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 13556

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 9th
4. *Place of Birth, (Street and Number)* No 120 Gay St
5. *Full Name of Mother* Sophia Belschner
6. *Mother's Maiden Name* " Kupfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Paul Kupfer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

45557

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 9th 1881
4. *Place of Birth, (Street and Number)* No 248 E Pratt st
5. *Full Name of Mother,* Emma Moore
6. *Mother's Maiden Name,* " Ridgy
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thomas Moore
9. *Father's Occupation,* Sea captain
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Baty

Address, 120 Gaub st

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

45552

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1931 BALTIMORE

"Every attendant at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9 1881
4. *Place of Birth, (Street and Number)* 226 S. Arnistreet
5. *Full Name of Mother,* Johanna Bremer
6. *Mother's Maiden Name,* Rust
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bremer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 236 Canton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45553

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* February 9th 1881
4. *Place of Birth, (Street and Number)* 182 N Arlington Ave
5. *Full Name of Mother,* Clara Belle Robertson -
6. *Mother's Maiden Name,* " " Tabb.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm J Robertson -
9. *Father's Occupation,* Watchmaker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. W G Register MD

Address, W Cor Fayette & Calhoun Sts

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth 9th Febuary
4. Place of Birth (Street and Number) Baltimore Race st 48
5. Full Name of Mother Lucy Morris
6. Mother's Maiden Name " Scott
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father George Morris
9. Father's Occupation Laborer
10. Father's Birthplace Wilmington Del.

Name of Medical Attendant, or other Person who makes this Return. Mrs King

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45556

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10th 1881
4. *Place of Birth, (Street and Number)* 283 Baltimore Av
5. *Full Name of Mother,* Olivia Flannagan
6. *Mother's Maiden Name,* Olivia Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Patrick Flannagan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Hanover St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 10th 1881
4. *Place of Birth (Street and Number)* 55 Richmond St.
5. *Full Name of Mother* Mary R Johnson - Unmarried -
6. *Mother's Maiden Name* The same
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. I. E. Lindsay M. D.

Address 159 Park Ave -

Remarks The child appeared to be undeveloped - was probably born at the end of 7th month of gestation - died twelve hours after birth -

4.5335

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1901 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White child
3. *Date of Birth* Feb 10th 1901
4. *Place of Birth (Street and Number)* 303 McElderry st.
5. *Full Name of Mother* Nellie Ballenger
6. *Mother's Maiden Name* Nellie Gray
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Jos. C. Ballenger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this return Mrs Henrietta Glassco McElderry st

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10th 1881
4. *Place of Birth, (Street and Number)* No. 404 Colhoun street near Freeman
5. *Full Name of Mother,* Bella Bolgine
6. *Mother's Maiden Name,* Bella Hunge
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gilbert Bolgine
9. *Father's Occupation,* Locksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt No. 523 [illegible]

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45560

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 10th 1:40 A.M.
4. *Place of Birth, (Street and Number)* No. 221 South Paca St.
5. *Full Name of Mother,* Emma Davis.
6. *Mother's Maiden Name,* Brockman.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Charles Davis.
9. *Father's Occupation,* Bricklayer.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John H. Llewellyn M.D.

Address, N.E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good Physical Condition, & living

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN P. FIET, PRINTER & STATIONER, BALT.

45561

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* The 10 of Feb
4. *Place of Birth, (Street and Number)* No 2 2 N E Cagar St
5. *Full Name of Mother* Sovophia Heiling
6. *Mother's Maiden Name* Sovophia Hoeing
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Stephen Hoeing
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Tauer

Remarks 173 Hoefer ave

15 d

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45562

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* No 289 ~~Arg~~ Argent St
4. *Place of Birth, (Street and Number)* the 11 of Feb
5. *Full Name of Mother* Sovea Wolf
6. *Mother's Maiden Name* Sovea Paller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johann Paller
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 173 Harlem ave.

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 15563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 February
4. *Place of Birth, (Street and Number)* 4 President
5. *Full Name of Mother,* Rosi Rotsches
6. *Mother's Maiden Name,* Eines
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Jeorge Rotsches
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Kaufman

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eight

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 day February 1881
4. *Place of Birth (Street and Number)* 423 eastern avenue
5. *Full Name of Mother* Catharine Tyler
6. *Mother's Maiden Name* Webster
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Albert Tyler
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Harrington 49 Canton

Address

Remarks

RETURN OF A BIRTH

45365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* Feb 10th 1881
4. *Place of Birth,* (Street and Number) No 37 Gudmans alley
5. *Full Name of Mother,* Mary Hippkins
6. *Mother's Maiden Name,* Kittmiller
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Hippkins
9. *Father's Occupation,* Capper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lowasser midwife

Address, 330 Hanover st.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 10 - 1881
4. *Place of Birth, (Street and Number)* No 217 N Caroline Street
5. *Full Name of Mother,* Clara A. Eccleston
6. *Mother's Maiden Name,* Clara A. Kepler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Eccleston
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Arnold

Address, 200 Mt Tonough St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45567

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 10th 1881
4. *Place of Birth, (Street and Number)* 113 Conway St.
5. *Full Name of Mother,* Anna Elizabeth De Lat
6. *Mother's Maiden Name,* " " " " " Kathmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Franz Wilhelm Hermanus Hubertus De Lat
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other Person who makes this Return. Wm Gombel M. D.

Address, 170 S. Sharp St.

Remarks,

This any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45568

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 10th Feb. 1889.
4. *Place of Birth, (Street and Number)* 170 S. Orleans St. City
5. *Full Name of Mother* Jane A. Wilson
6. *Mother's Maiden Name* Jane A. Ritchie
7. *Mother's Birthplace* Philadelphia Pa.
8. *Full Name of Father* A. Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Wallie

Address 123 N. Caroline

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 10 1881
4. *Place of Birth, (Street and Number)* Hurbert Street
5. *Full Name of Mother* Amelia [redacted] Barber
6. *Mother's Maiden Name* Amelia Fiseitz
7. *Mother's Birthplace* Germna
8. *Full Name of Father* Antone Barber
9. *Father's Occupation* Labour
10. *Father's Birthplace* Germna.

Name of Medical Attendant, or other Person who makes this Return. Magira Ettel

Address No 13 Eubia Street

Remarks

45570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) ——

3. Date of Birth Feby 10 1881

4. Place of Birth (Street and Number) 789 W. Pratt St.

5. Full Name of Mother Mrs Mollie Elizabeth Hewlitt

6. Mother's Maiden Name — — — Yugar

7. Mother's Birthplace Howard Co. Md

8. Full Name of Father John Q. Hewlitt

9. Father's Occupation Commission Agent

10. Father's Birthplace Baltimore (?)

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M.D.

Address 642 W. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45571

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Hatt

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born Feb 10
4. *Place of Birth, (Street and Number)* Baltimore 80 York St
5. *Full Name of Mother,* Francis Scheilds
6. *Mother's Maiden Name,* Weaver
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Edward Scheilds
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Watson

Address, 314 Hanover St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 10th 1881
4. *Place of Birth, (Street and Number)* No 512 North Fremont Street
5. *Full Name of Mother,* Caroline Kuhn
6. *Mother's Maiden Name,* Caroline Kirkner
7. *Mother's Birthplace,* Waldenburg
8. *Full Name of Father,* Louis Kuhn
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Waldenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmidt No 628 Penna Ave

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th Feb 1881
4. Place of Birth (Street and Number)	411 E. Fayette St.
5. Full Name of Mother	Barbara Meiller Osterman
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Joseph Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Bruns M.D.
Address	406 E. Balto. St.
Remarks	

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

455711

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 10th 1881
4. *Place of Birth, (Street and Number)* No 31 No Wolf St
5. *Full Name of Mother* Lewisa Burmingham
6. *Mother's Maiden Name* Lewisa Jeffers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Burmingham
9. *Father's Occupation* Broommaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No 185 S.E. cor. Centrel av & Monument St.

Remarks All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 15575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 10th 1881
4. *Place of Birth, (Street and Number)* 48 N. Greene St
5. *Full Name of Mother* Frances Parker (Marburger Koelky
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Harman Marburger
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D

Address No. 112 N. Greene

Remarks

RETURN OF A BIRTH.

15576

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 16th
4. *Place of Birth (Street and Number)* 35-5 Franklin St,
5. *Full Name of Mother* Mrs Alice Daffin
6. *Mother's Maiden Name* " Kelly
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Francis Daffin
9. *Father's Occupation* Boss Printer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. H F Hill M D

Address 361 Franklin St

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, **who shall attend, assist or advise at the birth** of any child, within the City of Baltimore, **shall report to the registrar aforesaid, within six days thereafter,** stating distinctly the date of birth, **sex,** and color of the child **or children born,** its or their physical condition, whether still born or not, the full name, nativity, and residence **of the parents,** and the maiden name of the mother of such child or children.

No. of Child of Mother, **(state whether 1st, 2d, 3d, &c.)** 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb 4th 181
4. *Place of Birth, (Street and Number)* N Paca St
5. *Full Name of Mother* Laura Ottendorf
6. *Mother's Maiden Name* Laura Steinmyer
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Ottendorf
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Emily Steinmyer

Address 345 Penna Ave

Remarks

RETURN OF A BIRTH

115578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* 10th February
4. *Place of Birth,* (Street and Number) 202 Constitution St.
5. *Full Name of Mother,* Sallie McGaw Hitchcock
6. *Mother's Maiden Name,* Shock.
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Joseph Kane Hitchcock
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Thursday, February 10th 1881
4. *Place of Birth (Street and Number)* No. 20 South Amity St.
5. *Full Name of Mother* Elizabeth Kreiner
6. *Mother's Maiden Name* " Vieck
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Adam John Kreiner
9. *Father's Occupation* Butler Dealer
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz, M. D.

Address #579 Lexington St.

Remarks

RETURN OF A BIRTH, 15580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 10th 1881.
4. *Place of Birth, (Street and Number)* 14 Stockton St.
5. *Full Name of Mother* Annie T. Hughes
6. *Mother's Maiden Name* Wheeler
7. *Mother's Birthplace* Boston Mass.
8. *Full Name of Father* Thos. Hughes
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Sheridan M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH

115581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 10

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 10 1881
4. *Place of Birth, (Street and Number)* N. Wolfstr N 24
5. *Full Name of Mother,* Barbary Reifnsfelder
6. *Mother's Maiden Name,* Biff
7. *Mother's Birthplace,* Bavern
8. *Full Name of Father,* Johan Reifnsfelder
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Bavern

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Rambach

Address, E. Wolf N 14

Remarks, Landwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

45582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 10. 1881.
4. *Place of Birth (Street and Number)*	22 S. High St.
5. *Full Name of Mother*	Hannah Becker
6. *Mother's Maiden Name*	Hannah Rosenfeld
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Isadore Becker
9. *Father's Occupation*	Clothier.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. W. Honck M.D.
Address	E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore
4. *Place of Birth, (Street and Number)* Balto. Bond st. No. 207
5. *Full Name of Mother,* Mary Koslovsky
6. *Mother's Maiden Name,* Mary Wolenovsky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Koslovsky
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 Washington st

Remarks, Mary Koptish

HEALTH DEPARTMENT BALTIMORE

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4553-84

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1884 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 11 1881
4. *Place of Birth, (Street and Number)* 232 S. Broadway
5. *Full Name of Mother,* Margred Hubers
6. *Mother's Maiden Name,* Margr. Straub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Hubers
9. *Father's Occupation,* Watchmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. Rudiger

Address, 134 S. Bond St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 February
4. *Place of Birth, (Street and Number)* 84 N Exeter
5. *Full Name of Mother,* Elisabet Meid
6. *Mother's Maiden Name,* Schmick
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Conrad Meid
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45586

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) _____

1. *Sex (state whether ~~male or~~ female)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 11th 1881.
4. *Place of Birth, (Street and Number)* 327 E. Pratt St
5. *Full Name of Mother* Ida A. Meiser
6. *Mother's Maiden Name* Ida A. Hughes.
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* William H. Meiser.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Bosbill

Address 207 S. Broadway.

Remarks _____

RETURN OF A BIRTH

45587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February the 11, 1880,

4. *Place of Birth, (Street and Number)* William St. No 369.

5. *Full Name of Mother,* Mary Reinolds

6. *Mother's Maiden Name,* Mary Hoon

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Edward Reinolds

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45588

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 11th 1881.
4. *Place of Birth, (Street and Number)* 91 S. Sharp Street.
5. *Full Name of Mother,* Emma Virginia Kurlin
6. *Mother's Maiden Name,* " " Slusser
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George Agustus Kurlin
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-55589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 February
4. *Place of Birth, (Street and Number)* No 171 E Pratt St
5. *Full Name of Mother,* Marguerite Leonard
6. *Mother's Maiden Name,* Metzger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paul Leonard
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Stephen Leonard

Address, No 70 Granby St

Remarks,

JOHN P. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 11th 1881
4. *Place of Birth, (Street and Number)* No 200 S Howard St
5. *Full Name of Mother,* Georgeanah House
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* North Thumberling County Va
8. *Full Name of Father,* Jefferson House
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* N Thumberling Co Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11-5-91

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* Feb. 11th 1881
4. *Place of Birth* (Street and Number) No. 44 Greenwillow al.
5. *Full Name of Mother* Maranda Wilson
6. *Mother's Maiden Name* Maranda Taylor
7. *Mother's Birthplace* Cumberland Md.
8. *Full Name of Father* James Wilson
9. *Father's Occupation* Coal dealer
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address No. 120 N. Greene al.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Act relative to Vital Statistics in the City of Baltimore.

45592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* M.
2. *Race or Color (if not of the white race)* Col.
3. *Date of Birth* 90 St. Paul St
4. *Place of Birth (Street and Number)* 11th Feb.
5. *Full Name of Mother* Elizabeth Fletcher
6. *Mother's Maiden Name* Piper
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Carter Fletcher
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. D. E. Atkinson M.D

Address 223 Madison Ave

Remarks

45593

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	it is 5 th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	11 th of Feb. 1881
4. *Place of Birth, (Street and Number)*	No. 107 German Street
5. *Full Name of Mother,*	Elisabeth Geofres
6. *Mother's Maiden Name,*	Elisabeth Litz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Geofres
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Point de tabre Canada
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sechack
Address,	No 434 W. Pratt. Str.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

455794

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 11th 81
4. *Place of Birth, (Street and Number)*	# 306 Cross St.
5. *Full Name of Mother,*	Maggie Becker
6. *Mother's Maiden Name,*	~~Burch~~ Bunsch
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Chas Becker
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Nor Hessen Germ.
Name of Medical Attendant, or other Person who makes this Return.	Mary Wroh
Address,	# 328 S. Eutaw St.
Remarks,	Mr. Becker. deceased. 7 months ago.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45595

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. *Sex, (state whether male or female)*	Grile
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th Feber 1881
4. *Place of Birth, (Street and Number)*	420 Cross St
5. *Full Name of Mother,*	Kety Sammers
6. *Mother's Maiden Name,*	Kety Lark
7. *Mother's Birthplace,*	Germeny
8. *Full Name of Father,*	Jaks Lark
9. *Father's Occupation,*	Laiber
10. *Father's Birthplace,*	Germeny
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mary Nazarenus
Remarks,	Russl St No. 70

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Che
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 Febr 1891
4. *Place of Birth, (Street and Number)*	90 Russell St
5. *Full Name of Mother,*	Lady Jacobs
6. *Mother's Maiden Name,*	Lady Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georg Miller
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mary Nazarenus
Remarks,	Russell St 10. 90

This copy of Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11

45597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 11th 1881
4. *Place of Birth (Street and Number)* Baltimore - Md - Baker - St - 110
5. *Full Name of Mother* Emma Bell
6. *Mother's Maiden Name* Emma White
7. *Mother's Birthplace* Baltimore Md -
8. *Full Name of Father* George Geo Bell
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore Md -

Name of Medical Attendant, or other Person who makes this Return. Martha Moore Midwife

Address No 3 Claytons Row

Remarks All well

RETURN OF A BIRTH 45598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 11 of Febuary
4. *Place of Birth, (Street and Number)* No 1 Wakeat st Baltimore
5. *Full Name of Mother,* Amanda Holley
6. *Mother's Maiden Name,* Amanda Mitchel
7. *Mother's Birthplace,* Essex County Va
8. *Full Name of Father,* Navie Holley
9. *Father's Occupation,* Oyster Business
10. *Father's Birthplace,* Saint Mary Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, No 8 Wakeat st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45599

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1901 BALT MD

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 child

1. *Sex, (state whether male or female)* Female, child

2. *Race or Color, (if not of the white race)* Color, 2 child

3. *Date of Birth,* the 11 of feburyare

4. *Place of Birth, (Street and Number)* 266 Birtha Sharp st

5. *Full Name of Mother,* L Lucinder Sander

6. *Mother's Maiden Name,* Lucinder finking

7. *Mother's Birthplace,* Richmon for finger

8. *Full Name of Father,* Allen Sinder

9. *Father's Occupation,* Oyster ch

10. *Father's Birthplace,* feberk for finger

Name of Medical Attendant, or other Person who makes this Return. Miller & Girdis

Address, 181 yark Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 11th 1881
4. Place of Birth (Street and Number)	No 53 Patterson Park Ave
5. Full Name of Mother	Mary Alida Mott
6. Mother's Maiden Name	Ponce
7. Mother's Birthplace	New York
8. Full Name of Father	Albert Mott.
9. Father's Occupation	Clerk
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M.D
Address	No 22 Jackson Place
Remarks	

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45601

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Born Feb 11th
4. *Place of Birth, (Street and Number)* Baltimore No 8 York st
5. *Full Name of Mother,* Isebel Sanchertes
6. *Mother's Maiden Name,* " Lee
7. *Mother's Birthplace,* Clavert County
8. *Full Name of Father,* James Sanchertes
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return. Aneline Wilson

Address, 319 Hamburg st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45602

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

Name: John Frederick Siebert

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2 Cd.

1. *Sex* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth* February 11th 1881
4. *Place of Birth,* (*Street and Number*) No 191. N. Central av
5. *Full Name of Mother* Maria E. Siebert.
6. *Mother's Maiden Name* " Holland
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* J. H. Siebert
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Cassel Curhessen

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address No. 185. S.E. cor. Central av. & Monument St

Remarks See Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45603

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 11th 1881
4. *Place of Birth, (Street and Number)* No. 24 Fayetta St
5. *Full Name of Mother* Margreta Streib
6. *Mother's Maiden Name* Margreta Newman
7. *Mother's Birthplace* Hessen Darmstate Germany
8. *Full Name of Father* John Streib
9. *Father's Occupation* Baker
10. *Father's Birthplace* Curhessen

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. A. Butt.

Address No 185 S.E. cor ~~to~~ Centre av. & Monument St.

Remarks All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45604

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 11th 1881
4. *Place of Birth, (Street and Number)* 218 Franklin St Baltimore
5. *Full Name of Mother* Mary Malthan
6. *Mother's Maiden Name* Mary Lemmerman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* August Malthan
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Annie Merzehl

Address 345 Penna Av

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45605

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feb. 11th. 1881.
4. *Place of Birth, (Street and Number)*	419 Penna. Ave.
5. *Full Name of Mother*	Elizabeth Ann Day
6. *Mother's Maiden Name*	Williams
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Enoch Day
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	York Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	D. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH

15606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11. February 1881
4. *Place of Birth, (Street and Number)* 2 Watson Court
5. *Full Name of Mother,* Henrietta Eisenroth
6. *Mother's Maiden Name,* Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Eisenroth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 236 Canton Ave.

Remarks,

Births at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 11th Feby 1881
4. Place of Birth (Street and Number) 740 Mulberry St
5. Full Name of Mother Josephine Conway
6. Mother's Maiden Name " Batory
7. Mother's Birthplace Md
8. Full Name of Father Harry C Conway
9. Father's Occupation Merchant
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo H Epster

Address 1 Waverley Terrace

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-22-57

45608

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

William Allen Johnson

HEALTH DEPARTMENT MAY 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 11th 1891
4. *Place of Birth, (Street and Number)* 242 Preston St
5. *Full Name of Mother,* Kate E. Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Sandy Springs Montgom. Count
8. *Full Name of Father,* James Henry Johnson
9. *Father's Occupation,*
10. *Father's Birthplace,* Long green Balto County

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address, 83 Oxford St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45609

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb 11th 1881.
4. *Place of Birth, (Street and Number)* 163 Madison Ave
5. *Full Name of Mother* Florence Virginia Duering
6. *Mother's Maiden Name* Giblens
7. *Mother's Birthplace* Franklin Co Tenn
8. *Full Name of Father* Joseph Hannan Duering
9. *Father's Occupation* Upholster.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 Staca St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45611

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 12 of Feb
4. *Place of Birth, (Street and Number)* No 5 Webb St
5. *Full Name of Mother* Eeisabat Wellson
6. *Mother's Maiden Name* Eeisabat O Carigan
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Jermiah Carigan
9. *Father's Occupation* Labor
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 195 Harper Cove

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 14 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 February
4. *Place of Birth, (Street and Number)* 86 Hanover
5. *Full Name of Mother,* Augusta Faltman
6. *Mother's Maiden Name,* Marta
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Albert Faltman
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carpenter

Address, 62 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45612 1/2

45612 1/2

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 12th 1881
4. Place of Birth (Street and Number) N. Mount St.
5. Full Name of Mother Sallie White
6. Mother's Maiden Name Sallie Cook
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. T. White
9. Father's Occupation Book Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address A H Saxton Md

Remarks 543 Lexington St

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4-5613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Second
1. *Sex (state whether ~~Male~~ or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 12. 1881
4. *Place of Birth (Street and Number)*	158 Lanvale st
5. *Full Name of Mother*	Margt Q. Thompson
6. *Mother's Maiden Name*	Margt E. Taylor
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Otis V. Thompson
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	T. Daugherty M.D.
Address	178. Penna Ave.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12th 1881
4. *Place of Birth, (Street and Number)* Mallet street
5. *Full Name of Mother,* Mary Meats
6. *Mother's Maiden Name,* Mary Ewing
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Conrad Meats
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmitt

Address, No. 528 Lemmon Avenue

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 12th 1881
4. *Place of Birth* (Street and Number)	416 N. Stricker St
5. *Full Name of Mother*	Mrs. Isabella Kershaw
6. *Mother's Maiden Name*	Barnsley
7. *Mother's Birthplace*	Montgomery Co. Md.
8. *Full Name of Father*	Charles Henry Kershaw
9. *Father's Occupation*	Supt. Blacksmith Shop. B.C.R.R. Co.
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	Wm. W. Mennay M.D.
Address	308 W. Fayette St.
Remarks	

Fee Allowed by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 12th 1881
4. *Place of Birth (Street and Number)* 296½ Monument St
5. *Full Name of Mother* Ella Nokes
6. *Mother's Maiden Name* Ella Britton
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Wm Nokes
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J. W. Chambers M.D.

Address

Remarks 6½ Month. Lived 28 hrs.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45617

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 12 February 1881.
4. *Place of Birth (Street and Number)* 48 Greenmount ave Balto.
5. *Full Name of Mother* Kate. Gerstmeyer.
6. *Mother's Maiden Name* " Gebhart
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* John Gerstmeyer
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return. B F. Leonard M.D.

Address 35 Fairmount Ave.

Remarks There were placental adhesions requiring the introduction of the hand into the uterus. There was some febrile reaction, but mother is now doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 15 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* February 12th 1881 at 12:40 a.m.

4. *Place of Birth (Street and Number)* 113 Eutaw St.

5. *Full Name of Mother* Mrs. Sarah J. McKean

6. *Mother's Maiden Name* Sarah J. Coulter.

7. *Mother's Birthplace* Baltimore.

8. *Full Name of Father* John G. McKean.

9. *Father's Occupation* Shoemaker.

10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston, Jr. M.D.

Address 82 Franklin St.

Remarks A miscarriage at 8 mos. - normal labor - Child died Cyanotic, and at Feb'y 13th at 2:30 a.m. - Mother's 1st child was also a miscarriage at 8 mos. born dead.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

45619

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth, (4th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12th 1881
4. *Place of Birth, (Street and Number)*	153 N. Calhoun St
5. *Full Name of Mother,*	Georgie C. Brown
6. *Mother's Maiden Name,*	Georgie C. Shiply
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John H. Brown
9. *Father's Occupation,*	Green Grocer
10. *Father's Birthplace,*	Ann Arundel Co Md
Name of Medical Attendant, or other Person who makes this Return.	John W. Waugh M.D.
Address,	240 N. Carey St.
Remarks,	Cor Harlem Ave

Feb 14th 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45620

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 12 – 1881
4. *Place of Birth, (Street and Number)* No 22 Shuter Street
5. *Full Name of Mother,* Amelia Hoffman
6. *Mother's Maiden Name,* Amelia Hall
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hoffman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 226 McDonogh st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th of February 1881
4. *Place of Birth, (Street and Number)* 435 Eastern avenue
5. *Full Name of Mother,* Louise Ritgert
6. *Mother's Maiden Name,* Louise Cullina
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Marcus Ritgert
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. Wiley

Address, No 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4 5 6 9 2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of February
4. *Place of Birth, (Street and Number)* Baltimore
5. *Full Name of Mother,* Clara
6. *Mother's Maiden Name,* Gephart
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* John Clark
9. *Father's Occupation,* Elevator Foreman
10. *Father's Birthplace,* Stockford County

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE
1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12 1881
4. *Place of Birth, (Street and Number)* No 698 South Charles Street
5. *Full Name of Mother,* Matilda A Brady house
6. *Mother's Maiden Name,* Data — Dunn
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Thomas Brady house
9. *Father's Occupation,* Boat Builder
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th February 1881
4. *Place of Birth, (Street and Number)*	No 9 Mercer Street
5. *Full Name of Mother,*	Lizzie Depkin
6. *Mother's Maiden Name,*	Lizzie Kabernagal
7. *Mother's Birthplace,*	Gerde (Germany)
8. *Full Name of Father,*	William Depkin
9. *Father's Occupation,*	Liquor Dealer
10. *Father's Birthplace,*	Wagenfeldt
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seebach No 429 W. Pratt St.
Address,	West Pratt St.
Remarks,	Healthy Child &c.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

45625

HEALTH DEPARTMENT FEB 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th February
4. *Place of Birth, (Street and Number)* No 1 N Fremont
5. *Full Name of Mother,* Tresa Reinvach
6. *Mother's Maiden Name,* Tresa Rein
7. *Mother's Birthplace,* In the Kingdom of Bavaria
8. *Full Name of Father,* Isaac Reinvach
9. *Father's Occupation,* & Merchant Tailor
10. *Father's Birthplace,* Heidesheim in the Kingdom of Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
17
1911
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Male

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* February the 12
4. *Place of Birth, (Street and Number)* 251 South Dallas street
5. *Full Name of Mother,* Laura J Rayner
6. *Mother's Maiden Name,* Laura J Belleson
7. *Mother's Birthplace,* Carol County Md
8. *Full Name of Father,* Edward Rayner
9. *Father's Occupation,* Poter
10. *Father's Birthplace,* Bank Street

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Dorman

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

4-5627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT RECEIVED BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th —

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 12, 1881.
4. *Place of Birth (Street and Number)* 238 Constitution St.
5. *Full Name of Mother* Laura Matilda Ward.
6. *Mother's Maiden Name* McKnew.
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Granville Dorsey Ward.
9. *Father's Occupation* Telegrapher.
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Dr W. R. Nyman

Address 175 Saratoga St —

Remarks

45628

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OF BALTIMORE 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 12 ~~[illegible]~~ Terbevey
4. *Place of Birth, (Street and Number)* 308 Johnsen st
5. *Full Name of Mother* Mary Bowtern
6. *Mother's Maiden Name* Mary Stims
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Carls Bowtern
9. *Father's Occupation* waterman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Lizzy Donaldson

Address 452 Ford av

Remarks the child is doing well the Mother is not doing so she labing with the melerinfercy

I call in D Fish born to give Medical adiorn

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 12 1881
4. *Place of Birth, (Street and Number)* 48 s. Dallas st.
5. *Full Name of Mother,* Kathe Henrik
6. *Mother's Maiden Name,* K. Kubler
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Jams Henriks
9. *Father's Occupation,* Loeber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 134 s. Bond st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-5630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 18 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 12 1881
4. *Place of Birth, (Street and Number)* 12 S. Friedingstr.
5. *Full Name of Mother,* Karoline Guerth
6. *Mother's Maiden Name,* Karoline Struth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Heinrich Guerth
9. *Father's Occupation,* Bier Salon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M R. Ruchizer

Address, 137 S. Bondst.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

e 12 of febuware Yare of 1881

45631

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10 Childe

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* the 12 of febuware
4. *Place of Birth, (Street and Number)* No 66 Wellson alley
5. *Full Name of Mother,* Rach Wilon
6. *Mother's Maiden Name,* Rach Gross
7. *Mother's Birthplace,* Colvert Country
8. *Full Name of Father,* Gaarge Willon
9. *Father's Occupation,* Watter
10. *Father's Birthplace,* Eston for jinger

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181 yark Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

145632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 12th 1881
4. *Place of Birth, (Street and Number)* St Joseph's Hospital. Baltimore
5. *Full Name of Mother* Elinora Goldsborough
6. *Mother's Maiden Name* Elinora Goldsborough Winter
7. *Mother's Birthplace* Clear Spring — Pennsylvania
8. *Full Name of Father* Dr. Charles D. Goldsborough
9. *Father's Occupation* U. S. Marine Surgeon
10. *Father's Birthplace* Elkton. Cecil Co. Md

Name of Medical Attendant, or other Person who makes this Return. W. P. Wilson M. D.

Address 146 Park Av

Remarks

45633

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 12th 1881
4. *Place of Birth, (Street and Number)*	198 Forrest St.
5. *Full Name of Mother,*	Doretha Borner
6. *Mother's Maiden Name,*	" Struble
7. *Mother's Birthplace,*	Hanover Germany
8. *Full Name of Father,*	Gottlieb Borner
9. *Father's Occupation,*	Tanner
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina C Winter
Address,	186 Harford Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 12 – 1881

4. Place of Birth (Street and Number) 302 Pennsylvania Av

5. Full Name of Mother Louisa V Megary

6. Mother's Maiden Name McMullin

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph N Megary

9. Father's Occupation Bacon Dealer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Reder MD

Address 87 Mulberry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45635

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 12 1881
4. *Place of Birth, (Street and Number)* 20 Eutaw St.
5. *Full Name of Mother,* Margaret Murphy
6. *Mother's Maiden Name,* Toole.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John J. Murphy.
9. *Father's Occupation,* Fireman Marine
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward McDevitt

Address, 169 N. Calvert St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th February
4. *Place of Birth, (Street and Number)*	Hudson st
5. *Full Name of Mother,*	Margaret Sullens
6. *Mother's Maiden Name,*	Margaret Lee
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James A. Sullens
9. *Father's Occupation,*	Iron Worker
10. *Father's Birthplace,*	Frederick County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley Street Canton
Remarks,	

The City Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Mute
3. Date of Birth Feb 12th 1881
4. Place of Birth (Street and Number) No 6 N Bond St
5. Full Name of Mother Sophia E Fulton
6. Mother's Maiden Name Spencer
7. Mother's Birthplace Baltimore
8. Full Name of Father Melville B Fulton
9. Father's Occupation Can Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M+Diffenderffer MD

Address S High St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 12th
4. Place of Birth (Street and Number) 279 N. Dallas st
5. Full Name of Mother Mary Buddenbohm
6. Mother's Maiden Name Mary Wittemeier
7. Mother's Birthplace Germany
8. Full Name of Father William Buddenbohm
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or Other Person who makes this Return. C. L. Buddenbohm M.D.

Address 166 S. Paca st

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45639

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	12th February 1881
4. *Place of Birth* (Street and Number)	2 Armistead Lane
5. *Full Name of Mother*	Mary Dingle
6. *Mother's Maiden Name*	" Mahon
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Frank Dingle
9. *Father's Occupation*	Ship. carpenter
10. *Father's Birthplace*	Balt
Name of Medical Attendant, or other Person who makes this Return.	H W Webb M.D
Address	
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45640

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	African
3. *Date of Birth,*	Feb 12th 1881
4. *Place of Birth, (Street and Number)*	# 37 Boyd Street
5. *Full Name of Mother,*	Celia Dickison
6. *Mother's Maiden Name,*	" Addison
7. *Mother's Birthplace,*	Caroline Co. Virginia
8. *Full Name of Father,*	William Dickison
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Dinwiddie Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	Amr Cornish
Address,	# 34 Boyd Street city
Remarks,	Labor lasted 4 hours (normal)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

456441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1931
BALTIMORE

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12. February 1881
4. *Place of Birth, (Street and Number)* 31 Essex St.
5. *Full Name of Mother,* Henriette Galopp
6. *Mother's Maiden Name,* Leser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Galopp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 236 Canton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45642

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st,~~ ~~2d,~~ *3d, &c.)*

1. *Sex, (state whether male or* ~~*female*~~*)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 12, 1881
4. *Place of Birth, (Street and Number)* Buton Allen No 10
5. *Full Name of Mother,* Mary Koenig
6. *Mother's Maiden Name,* Schroeter
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Bernhard Koenig
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Rausbach

Address, S. Wolf No 94

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

45643

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12
4. *Place of Birth, (Street and Number)* Baltimore Covington St No. 33.
5. *Full Name of Mother,* Annie E. Holmes
6. *Mother's Maiden Name,* Westmoreland County Virginia
7. *Mother's Birthplace,* ~~Baltimore~~ N. E Doleman
8. *Full Name of Father,* Jacob Holmes
9. *Father's Occupation,* Capt of a sale vessel
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharine Munch

Address, 8 Leadenhall St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45644

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 12th 1881
4. *Place of Birth, (Street and Number)* 252 S Pacas
5. *Full Name of Mother* Henrietta Lee Mason
6. *Mother's Maiden Name* Bitzell
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George Mason
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J. L. Cuney

Address 7 S Pacas St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Elezenth (11)

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 12th 1881
4. Place of Birth (Street and Number) 5 Young St.
5. Full Name of Mother Elizabeth Hultz
6. Mother's Maiden Name " Rodgers
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Hultz
9. Father's Occupation Oyster Strainer
10. Father's Birthplace England.

Name of Medical Attendant, or other Person who makes this Return. Geo H Wayson M.D.

Address # 18 Arquith St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45646

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 February
4. *Place of Birth, (Street and Number)* 5 Watson
5. *Full Name of Mother,* Kat. Mangola
6. *Mother's Maiden Name,* Mc Danel
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Dan. Mangola
9. *Father's Occupation,* Grocery Keper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8h 10m P.M. 13th February, 1881.
4. *Place of Birth (Street and Number)* 290 S. Charles St. Baltimore, Maryland.
5. *Full Name of Mother* Margaret Cornelia Ward
6. *Mother's Maiden Name* Margaret Cornelia Airey
7. *Mother's Birthplace* Baltimore City, Maryland.
8. *Full Name of Father* Joseph Edward Ward
9. *Father's Occupation* Butter dealer
10. *Father's Birthplace* Frederick County, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Worth M. D.

Address 236 N. Howard St

Remarks

45648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2h 40m A. M. 13th Feby, 1881.
4. Place of Birth (Street and Number) 211 Lanvale St, Balto Maryland
5. Full Name of Mother Aleda Kate Riley
6. Mother's Maiden Name Aleda Kate Matthews
7. Mother's Birthplace Baltimore City, Maryland.
8. Full Name of Father Charles Pritchard Riley
9. Father's Occupation House & Sign Painter
10. Father's Birthplace Baltimore City, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Wrosh M.D.

Address 236 N. Howard St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45649

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 13th 1881
4. *Place of Birth, (Street and Number)* No. 342 Lexington Street
5. *Full Name of Mother,* Isabelle ~~Hermann~~ Hermann
6. *Mother's Maiden Name,* Isabelle Hermann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* M. F. Atkinson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Eliza Hemmick

Address, No. 93 Hanover St. (City)

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 13 th 1881
4. *Place of Birth, (Street and Number)*	No 426 Hanover st
5. *Full Name of Mother,*	Cathrin Oberseider
6. *Mother's Maiden Name,*	Krüger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Oberseider
9. *Father's Occupation,*	Marketer
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address,	330 Hanover st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45651

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 13 th 1881
4. *Place of Birth, (Street and Number)* No 175 West st.
5. *Full Name of Mother,* Sophie Imwald
6. *Mother's Maiden Name,* Bein
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Henry Imwald
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4.5652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Brown Skin
3. *Date of Birth*	February 18th 1881
4. *Place of Birth* (Street and Number)	No 132 South Dallas st
5. *Full Name of Mother*	Willie Green
6. *Mother's Maiden Name*	Willie Bowden
7. *Mother's Birthplace*	Cambridge
8. *Full Name of Father*	Joseph Green
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Green
Address	No 111 S. Dallas st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45653

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of February 1881
4. *Place of Birth, (Street and Number)* 35 Port Al
5. *Full Name of Mother,* Annie Bigiman
6. *Mother's Maiden Name,* Shefline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bigiman
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45654

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 13th 1881
4. *Place of Birth, (Street and Number)* No. 494 Penna Avenue
5. *Full Name of Mother,* Sort Manstave
6. *Mother's Maiden Name,* " Stork
7. *Mother's Birthplace,* Byen
8. *Full Name of Father,* John Manstave
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Byen

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt

Address, No. 528 Penna Avenue

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45655

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 12th 1881
4. *Place of Birth, (Street and Number)* Thu St Extended
5. *Full Name of Mother* T. H. Hakesh
6. *Mother's Maiden Name* T. H. Reese
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John H. Reese
9. *Father's Occupation* Store
10. *Father's Birthplace* Caroline County Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb. 13th 1881
4. *Place of Birth* (Street and Number) 16 Little Pine St.
5. *Full Name of Mother* Sarah Washington Baird
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Baird
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto. city

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson, M.D.

Address 41 Orchard St.

Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4-5637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 18 1881 3 A. M.
4. *Place of Birth (Street and Number)* 13 S. Broadway
5. *Full Name of Mother* Emma Griffith Bates
6. *Mother's Maiden Name* Emma Griffith
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Bates
9. *Father's Occupation* Iron Foundry man
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jno. E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

15658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

(state whether Male or Female) Female

e or Color (if not of the white race) Colored Race

e of Birth 13 February 13 1881

e of Birth (Street and Number) 17 Stockholm Street

Name of Mother Emma Williams

er's Maiden Name Emma Brown

er's Birthplace West river Md

Name of Father Peter Williams

er's Occupation Sailor

er's Birthplace Annunel County Md

e of Medical Attendant, or other Person who makes this Return. Catherine Reiley

ress 44 Walker Street

arks

RETURN OF A BIRTH

45659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 13th 1881
4. *Place of Birth, (Street and Number)* Ann St near Eastern Ave
5. *Full Name of Mother,* A. J. M. Hodges
6. *Mother's Maiden Name,* A J Menaul
7. *Mother's Birthplace,* America
8. *Full Name of Father,* H B Hodges
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Timms

Address, 171 P. Washington St.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45660

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born Feb 13th
4. *Place of Birth, (Street and Number)* Baltimore No 8 Hus
5. *Full Name of Mother,* Francis Hayward
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Hayward
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aurelius Wilson

Address, No 309 Hamburg st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

115661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Feb 13th 1881
4. *Place of Birth* (Street and Number)	809 Hanson Ave
5. *Full Name of Mother*	Mary Hart
6. *Mother's Maiden Name*	Gilson
7. *Mother's Birthplace*	Lancaster Pa
8. *Full Name of Father*	A. P. Hart
9. *Father's Occupation*	Coach maker
10. *Father's Birthplace*	Lancaster Pa
Name of Medical Attendant, or other Person who makes this Return.	M. B. Billingslea
Address	2566 John st
Remarks	

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

4.56.62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 13 February 1881
4. *Place of Birth, (Street and Number)* No 9 Chesnut Stree
5. *Full Name of Mother* Lizzie Lumley
6. *Mother's Maiden Name* Ye Bornet
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Braston Lumley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Middle Less angus

Name of Medical Attendant, or other Person who makes this Return. Rowthin William

Address 70 Chesnut Stree

Remarks Mother still Kid Chief

Williams

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1887 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* February 13 1887
4. *Place of Birth, (Street and Number)* 192 ~~Green~~ N Mulliken
5. *Full Name of Mother* Anna Brown
6. *Mother's Maiden Name* Anna Jones
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Gaucheman
9. *Father's Occupation* William Brown
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Midwife Harriet Bailey

Address 75 North Bethel St

Remarks

RETURN OF A BIRTH

45611

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 13th 1881
4. *Place of Birth, (Street and Number)* No 144 Chew St.
5. *Full Name of Mother,* Lizzie Steb
6. *Mother's Maiden Name,* Lizzie Silver
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Steb
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. A Bird

Address, No 185 S.E. cor Central av & Monument St.

Remarks, Well Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 13th 1881
4. *Place of Birth (Street and Number)* Potomac near Hudson
5. *Full Name of Mother* Mary
6. *Mother's Maiden Name* Caton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Lynch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams Mtg

Address 17 Palaxent St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45666

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February 13 1881.
4. *Place of Birth (Street and Number)* 314 Harford avenue.
5. *Full Name of Mother* Elizabeth Wuestner.
6. *Mother's Maiden Name* Elizabeth Diffenbach.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Wuestner.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. A A Elwell M D

Address 559 Harford ave, Balto, Md.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th Feb. 1881
4. *Place of Birth (Street and Number)*	50 S. Stricker
5. *Full Name of Mother*	Mary Amelia Sank
6. *Mother's Maiden Name*	Knight
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Wesly Sank
9. *Father's Occupation*	Stove-mounter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins St
Remarks	Fine, well-developed child

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 13. 1881
4. *Place of Birth (Street and Number)*	39 S. Stricker
5. *Full Name of Mother*	Sophia E. Riley
6. *Mother's Maiden Name*	Gray
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George A. Riley
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hook M.D.
Address	322 Hollins st
Remarks	Fine baby – delivered with forceps.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

45669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 2, 14, 81.
4. *Place of Birth (Street and Number)* 70 N. Fremont St.
5. *Full Name of Mother* Adeline Cramblitt
6. *Mother's Maiden Name* Quillzee
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm Cramblit
9. *Father's Occupation* Furniture Remover
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. L M Vastman

Address 349 Lenox

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Feb 14th 1881.
4. Place of Birth (Street and Number)	282 N. Bond St.
5. Full Name of Mother	Mary Kate
6. Mother's Maiden Name	Slone,
7. Mother's Birthplace	Virginia
8. Full Name of Father	Benj. F. Davis
9. Father's Occupation	Capt. on Bay Craft.
10. Father's Birthplace	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seckon Child
1. *Sex (state whether Male or Female)*	femal
2. *Race or Color (if not of the white race)*	Colort
3. *Date of Birth*	Feb 14
4. *Place of Birth (Street and Number)*	Spring Garden Av No 2
5. *Full Name of Mother*	Marthey Willums
6. *Mother's Maiden Name*	Marthey Forester
7. *Mother's Birthplace*	Williamsburg Md
8. *Full Name of Father*	Charley Willums
9. *Father's Occupation*	Salere
10. *Father's Birthplace*	Washington D C
Name of Medical Attendant, or other Person who makes this return	Cathren Jhones
Address	No 2 Spriggarden Av
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

45672

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 14 1881
4. *Place of Birth, (Street and Number)* No 202 N. Holy Street
5. *Full Name of Mother,* Agnes J. Baker
6. *Mother's Maiden Name,* Agnes J. Crangle
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* John G. Baker
9. *Father's Occupation,* Cow maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address, 226 McDonogh St

Remarks,

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45673

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb. 15th 1881

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 14th 1881.
4. *Place of Birth, (Street and Number)* 137 Spring St.
5. *Full Name of Mother* Mary Bauer
6. *Mother's Maiden Name* Mary Burget.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Bauer.
9. *Father's Occupation* Broom Manufactory.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks —

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45674

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* 14th of Feb. 1881
4. *Place of Birth, (Street and Number)* 146 Hamstead St.
5. *Full Name of Mother* Balto City
6. *Mother's Maiden Name* J. Lomax
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* J. Lomax
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary J. Walker

Address 123 W. Caroline St

Remarks Balto City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 17 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* ~~Male~~ Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 14th 1881

4. *Place of Birth, (Street and Number)* 226 Edmondson

5. *Full Name of Mother,* Grace M. McMeekan

6. *Mother's Maiden Name,* Grace M. Douglas

7. *Mother's Birthplace,* Scotland

8. *Full Name of Father,* Robt McMeekan

9. *Father's Occupation,* Shipping Clerk

10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook MD

Address, 146 Saratoga st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

115676

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 14 1881
4. *Place of Birth (Street and Number)* 467 Mulberry St
5. *Full Name of Mother* Louisa Jane MacClellan
6. *Mother's Maiden Name* Louisa Jane Talbott
7. *Mother's Birthplace* Frederick City Md
8. *Full Name of Father* Arthur Kuttaud MacClellan
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Philadelphia Penna

Name of Medical Attendant, or other Person who makes this Return. J. S. Hammer Physician

Address 281 N. Fremont St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female White

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 14th Feby 1881

4. *Place of Birth (Street and Number)* 57 Ludlow ave Balto

5. *Full Name of Mother* Mary Elizabeth Graham

6. *Mother's Maiden Name* Mary Elizabeth McLean

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jno S Graham

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Guy M.D.

Address 13 Holland

Remarks Baltimore

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of February 4 and a half A.M. 1881
4. *Place of Birth, (Street and Number)*	No. 17 Monroe St
5. *Full Name of Mother,*	Mary Ann Allenbaugh
6. *Mother's Maiden Name,*	" " Leonard
7. *Mother's Birthplace,*	Alexandria Virginia
8. *Full Name of Father,*	Charles Thomas Allenbaugh
9. *Father's Occupation,*	Plaster
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner.
Address,	No 45 S. Monroe St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
19
1881
BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

(state whether Male or Female) Male

e or Color (if not of the white race) Colored Race

e of Birth February 14 1881

e of Birth (Street and Number) No 7 Rine Street

Name of Mother Martha ann Sephas

her's Maiden Name Martha ann Jones

her's Birthplace Richmond Va

Name of Father James E Sephas

er's Occupation Oyster Packers

er's Birthplace Baltimore Md

e of Medical Attendant, or other Person who makes this Return. Catharine Reiley

ress 44 Walker Street

rks

45680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 14th 1881

4. Place of Birth (Street and Number) 149. N Caroline St

5. Full Name of Mother Kate P. Corey

6. Mother's Maiden Name " " " Doll

7. Mother's Birthplace York Pennsylvania

8. Full Name of Father Lyman A. Corey

9. Father's Occupation Painter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J J Gross M D

Address 137 Orleans St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

15681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Kind

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 14ten Februar
4. *Place of Birth, (Street and Number)* No 9 Longwüster Str
5. *Full Name of Mother,* Anna Hoffmann
6. *Mother's Maiden Name,* Anna Rabfleisch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Hoffmann
9. *Father's Occupation,* Handwerksleiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Hoffmann

Address, No 197 S. Dallas Str

Remarks, Hemme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1931 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4 5 6 7~~ Seven

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 14
4. *Place of Birth (Street and Number)* 33 S Popplelon
5. *Full Name of Mother* Mrs G. W Johnson
6. *Mother's Maiden Name* Mary Latum
7. *Mother's Birthplace* 33 South Poppleton
8. *Full Name of Father* George W. Johnson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Car Balto & Popplelon

Name of Medical Attendant, or other Person who makes this Return. Mrs Crooks

Address 27 South Poppleton St

Remarks

Vital Records of Maryland

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 45683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 of 1

1. *Sex, (state whether male or female)* Female Elaine Travers
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* March 14 1881
4. *Place of Birth, (Street and Number)* No 4 Peach Alley
5. *Full Name of Mother,* Mary Washington
6. *Mother's Maiden Name,* Mary Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Solmon Travers
9. *Father's Occupation,* Oyster Sucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Johnson

Address, 20 Plum Alley

Remarks,

JOHN G. HUEY, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1156814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
21
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... White
2. *Race or Color, (if not of the white race)* ..... "
3. *Date of Birth,* ..... February 14/81
4. *Place of Birth, (Street and Number)* ..... 374 W. Lombard st
5. *Full Name of Mother,* ..... Clara Harris
6. *Mother's Maiden Name,* ..... "
7. *Mother's Birthplace,* ..... Md
8. *Full Name of Father,* ..... Frank Hunt
9. *Father's Occupation,* ..... Waiter
10. *Father's Birthplace,* ..... Maryland

Name of Medical Attendant, or other Person who makes this Return. ..... H. L. McMechen

Address, ... 357 W. Lombard st

Remarks, ...

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 115685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 22 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 14th 1881
4. *Place of Birth, (Street and Number)* 33 Harrison st.
5. *Full Name of Mother,* Tina Jacobs
6. *Mother's Maiden Name,* " Levin
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Isaac Jacobs
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Alw. C. Burnstein

Address, 113 E. Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col'd
3. Date of Birth Monday Feb 14th 1881
4. Place of Birth (Street and Number) No 1 Gravel Alley
5. Full Name of Mother Susan Williams
6. Mother's Maiden Name Susan Simms
7. Mother's Birthplace Maryland
8. Full Name of Father Harman Williams
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. E. Siddings Welch M.D.

Address 51 N Calvert St

Remarks Baltimore Md

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Sixth

1. *Sex, (state whether male or female)* ..... Girl
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... Feb 16th 1881
4. *Place of Birth, (Street and Number)* ..... Lower Canton
5. *Full Name of Mother,* ..... Elizabeth R Druzzi
6. *Mother's Maiden Name,* ..... Elizabeth Ruddels
7. *Mother's Birthplace,* ..... New York
8. *Full Name of Father,* ..... Francis Druzzi
9. *Father's Occupation,* ..... Laborer
10. *Father's Birthplace,* ..... Denmark

Name of Medical Attendant, or other Person who makes this Return. ..... Mrs Mary E. Timms

Address, ... # 171 S. Washington St.

Remarks, ...

JOHN B. PIET, PRINTER & STATIONER, BALT.

11-5688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 14th 1881
4. Place of Birth (Street and Number)	No 65 Stricker st
5. Full Name of Mother	Julia A Cannedman
6. Mother's Maiden Name	Julia A Tompson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis A Cannedman
9. Father's Occupation	Machinest
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Fulburgo
Address	792 Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45689

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* th 14 February 1881
4. *Place of Birth, (Street and Number)* No 88 Eas ~~[illegible]~~ Street ~~[illegible]~~
5. *Full Name of Mother* Em Laggam
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Conady
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rutter

Address William 70 Chesnut Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45690

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 14th 1881
4. *Place of Birth, (Street and Number)* No 13 Little McKeldery St
5. *Full Name of Mother,* R. Kahn
6. *Mother's Maiden Name,* R Kahn
7. *Mother's Birthplace,* Rush Rohlan
8. *Full Name of Father,* ~~Ru~~ Isac Kahn
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Rush Rohlan.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt.

Address, No 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 14th 1881
4. *Place of Birth (Street and Number)* Cor Raleigh & E Donnel
5. *Full Name of Mother* Mary
6. *Mother's Maiden Name* Berry
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* James Reagan
9. *Father's Occupation* Eteredon
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams Mds

Address 117 Raleigh St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 February 1881
4. *Place of Birth, (Street and Number)* 148 S. Caroline Street
5. *Full Name of Mother,* Senna Jung
6. *Mother's Maiden Name,* Frostburg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Jung
9. *Father's Occupation,* Bottler
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 236 Canton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 14th 1881
4. *Place of Birth (Street and Number)* 64 N Poppleton St
5. *Full Name of Mother* Laura B Sellers
6. *Mother's Maiden Name* Laura B Hopkins
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Jacob C Sellers
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 64 N Paca St

Remarks Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115694

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 14th 1881
4. Place of Birth (Street and Number)	195 Montgomery
5. Full Name of Mother	Mrs Thos R. Wingrove
6. Mother's Maiden Name	Miss Mary Leauby
7. Mother's Birthplace	~~Baltimore~~ Maryland
8. Full Name of Father	Thos R. Wingrove
9. Father's Occupation	Stationary Engineer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. B. Fishburne
Address	Light & Lexington
Remarks	A sixth month child - Lived two days.

45695

RETURN OF A BIRTH.

HEALTH DEPARTMENT RECEIVED FEB 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Feb 15 1881
4. Place of Birth (Street and Number)	47 Parrish St (north)
5. Full Name of Mother	Agness Savoy
6. Mother's Maiden Name	Agness Johnson
7. Mother's Birthplace	Essex Co. Va
8. Full Name of Father	John Savoy
9. Father's Occupation	Waiter
10. Father's Birthplace	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return.	M. D. Jordan
Address	126 Mulberry St
Remarks	

RETURN OF A BIRTH

45696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of February 1881
4. *Place of Birth, (Street and Number)* 355 East Orleans street
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Schupp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Crist Schupp
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germa

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street for Justina Kunkel

Remarks, Health

JOHN B. PIET, PRINTER & STATIONER, BALT.

45697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 15. '81
4. *Place of Birth (Street and Number)* No. 11 S. Monroe St.
5. *Full Name of Mother* Elizabeth Hobbs
6. *Mother's Maiden Name* Mollie Renehan
7. *Mother's Birthplace* Howard Co. Md.
8. *Full Name of Father* Lawrence Hobbs
9. *Father's Occupation* Carr Conductor
10. *Father's Birthplace* Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Jones

Address 9 E Fredk. ave

Remarks Balto. Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) f
2. Race or Color (if not of the white race) w
3. Date of Birth Feb 15 - 1881
4. Place of Birth (Street and Number) 179 Druid Hill Av
5. Full Name of Mother Wm Baldwin
6. Mother's Maiden Name Jameson
7. Mother's Birthplace Maryland
8. Full Name of Father E. F. Baldwin
9. Father's Occupation Architecte
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Richard Ile Sherry M.D.

Address 189 N Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female) Male

Race or Color (if not of the white race) White

Date of Birth 15 February

Place of Birth (Street and Number) West Pratt st 652

Full Name of Mother Henriette Wolff

Mother's Maiden Name " Klumpp

Mother's Birthplace Berlin

Full Name of Father August Wolff

Father's Occupation Machinist

Father's Birthplace Berlin

Name of Medical Attendant, or other Person who makes this Return. Mrs Colhouer

Address

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Feb 19th 1891

HEALTH DEPARTMENT FEB 21 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 18th 1891
4. *Place of Birth, (Street and Number)* 102 Duncan Ally.
5. *Full Name of Mother* Maggie Bohn
6. *Mother's Maiden Name* Maggie Kreuz
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Matthew Bohn.
9. *Father's Occupation* Iron Works
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe St.

Remarks c/o

45701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 10th 1881
4. *Place of Birth (Street and Number)* in Dudson Alley between Eastern and [illegible]
5. *Full Name of Mother* Mary Horseni
6. *Mother's Maiden Name* Mary Borman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Strong
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jan E. Ball

Address No. 171 South Chester St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

415702

HEALTH DEPARTMENT SEP 1931 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 13 of February
4. *Place of Birth (Street and Number)* 314 Montgomery St
5. *Full Name of Mother* Virginia Addison
6. *Mother's Maiden Name* Rue
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* Jd Addison
9. *Father's Occupation* in Factory
10. *Father's Birthplace* North Hampton Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary Revens

Address 51 Leadenhall St

Remarks

45703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 15 1881
4. *Place of Birth (Street and Number)* 5 Lambard St
5. *Full Name of Mother* Dora Hopman
6. *Mother's Maiden Name* Dora White
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jorg Hopman
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Fray

Address 193 Chester St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 15 1881
4. *Place of Birth (Street and Number)* 9 Spring St
5. *Full Name of Mother* Mgt Hubbard
6. *Mother's Maiden Name* Mgt Lintz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm Clay Hubbard
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address 17 Chester St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 15th 1881
4. Place of Birth (Street and Number)	No Carolina st, 2. N. of Gay & W. Side
5. Full Name of Mother	Bertha Strecker
6. Mother's Maiden Name	" Lachtleber
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustavus Trott Franklin Strecker
9. Father's Occupation	Apothecary
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Thomas G. Evans M. D
Address	22 Jackson Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 15th
4. *Place of Birth, (Street and Number)* 249 Aliceanna st
5. *Full Name of Mother* Louisa Welt
6. *Mother's Maiden Name* Johnmiller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hecht
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Geltzke

Address No 65 S. Bond st

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 February
4. *Place of Birth, (Street and Number)* 152 N Entaw
5. *Full Name of Mother,* Hagi Meding
6. *Mother's Maiden Name,* Teylor
7. *Mother's Birthplace,* Ball Md
8. *Full Name of Father,* Leonard Meding
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Ball Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 15th 1881 6 P. M.
4. *Place of Birth (Street and Number)* 245 E. Pratt Street
5. *Full Name of Mother* Kattie Beall
6. *Mother's Maiden Name* Kattie Kehr
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thos. Francis Beall
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* th 15 Jan 1881
4. *Place of Birth, (Street and Number)* 51 Chesnut Street
5. *Full Name of Mother* Marah Thomas
6. *Mother's Maiden Name* ~~[illegible]~~ ~~[illegible]~~
7. *Mother's Birthplace* Summer Sett County
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rosthen William

Address 70 Chesnut Street Mathew

Remarks Wash Chief Laring Wall

45710

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 15th 1881
4. *Place of Birth, (Street and Number)* No 302 S. Bond st
5. *Full Name of Mother,* Elizabeth Kiselhorst
6. *Mother's Maiden Name,* " Lenz
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Carl. Kiselhorst
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Batz

Address, 120 Bank st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Over

45711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 15th 1881
4. Place of Birth (Street and Number) 22 Barnett St.
5. Full Name of Mother Susan Sophia Keyworth
6. Mother's Maiden Name " " Milburn
7. Mother's Birthplace St Marys Co Md
8. Full Name of Father C. E. Keyworth
9. Father's Occupation Tobacconist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. D. Barker M.D.

Address 152 Madison St.

Remarks Full name of child - Grace Kennard Keyworth

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 15 1881

4. Place of Birth (Street and Number) 331 Light St

5. Full Name of Mother Mahala Booze

6. Mother's Maiden Name Mahala Logan

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Booze

9. Father's Occupation Merchant

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. S W Miltenberger

Address 121 W Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 16th 1881
4. *Place of Birth, (Street and Number)*	1297 Hanover st.
5. *Full Name of Mother,*	Bernhardine Reinle
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Reimold Reinle
9. *Father's Occupation,*	Showcase maker
10. *Father's Birthplace,*	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address,	330 Hanover st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

457114

HEALTH DEPARTMENT 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16th of Feb 1881
4. *Place of Birth, (Street and Number)* 14 Walker
5. *Full Name of Mother* Lizzie Silv Weaver
6. *Mother's Maiden Name* Lizzie Silverson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Henry Silverson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 W Cowlin

Remarks Sale

RETURN OF A BIRTH

41575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 17 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of February 1891
4. *Place of Birth, (Street and Number)* 351 East Orleans Street
5. *Full Name of Mother,* Mary Agel Ackl
6. *Mother's Maiden Name,* Mary Bushman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Bushman
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel Strut per Justina Kunkel

Remarks, Lalgil

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

165716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 Feb
4. *Place of Birth, (Street and Number)* 248½ Williams
5. *Full Name of Mother* Mary Allen
6. *Mother's Maiden Name* " " Remig
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Geo R Allen
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45717

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feb 16
4. *Place of Birth, (Street and Number)*	295 Wilson
5. *Full Name of Mother*	Annie Burton
6. *Mother's Maiden Name*	Angie Jeasman
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Robert Burton
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Dorchester
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45718

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 14
4. *Place of Birth, (Street and Number)* No 10 Archer street
5. *Full Name of Mother,* Eleanora Lowry
6. *Mother's Maiden Name,* Eleanor Berry
7. *Mother's Birthplace,* Baltimore city, md
8. *Full Name of Father,* William Lowry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton Dr Ellis

Address, No 666 South Charles street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Female child
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 of February
4. *Place of Birth, (Street and Number)* 64 Hudson Lane
5. *Full Name of Mother,* Kate Wolf
6. *Mother's Maiden Name,* Kate Speed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sebastian Wolf
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Battledag Baden

Name of Medical Attendant, or other Person who makes this Return. Emil Lintner

Address, 45 Monument Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

115720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth Feby 16th 1881.

4. Place of Birth (Street and Number) 121 Albemarle Street

5. Full Name of Mother Elizebeth Kirkpatrick

6. Mother's Maiden Name Klatt

7. Mother's Birthplace Maryland.

8. Full Name of Father Ruben Kirkpatrick

9. Father's Occupation Maltster

10. Father's Birthplace New York State

Name of Medical Attendant, or other Person who makes this Return. Alfred Sherry M.D.

Address 11 South High St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45721

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 21 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12te Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 16. 1881
4. *Place of Birth, (Street and Number)* Albemarle St. No 94
5. *Full Name of Mother,* Karoline Dickhaut
6. *Mother's Maiden Name,* Karoline Küpin
7. *Mother's Birthplace,* Schwarzbury, Fürst. Schwarzburg, Rudolstadt. Germany
8. *Full Name of Father,* Georg Dickhaut
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balte City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, Dallas St. No 26,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45792

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male healthe
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 16 of Feb 1881
4. *Place of Birth, (Street and Number)* 18 Dover St.
5. *Full Name of Mother* Miss. Augt Rasler
6. *Mother's Maiden Name* M. Rugler
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* Gaspe Rasler
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hilles

Address 1017 W. Pratt St

Remarks

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the [illegible] name of the mother of such child or children.

RETURN OF A BIRTH.

45723

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 16th
4. *Place of Birth (Street and Number)* Baltn 142 Battery Ave
5. *Full Name of Mother* Eliza Ann Lentz
6. *Mother's Maiden Name* " " Amey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Phillip Lentz
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Misses Conway

Address

Remarks

RETURN OF A BIRTH

11572 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Feb 16th
4. *Place of Birth, (Street and Number)* Stockholm st No 12
5. *Full Name of Mother,* Mary Whalen
6. *Mother's Maiden Name,* Mary Schwallenberg
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Whalen
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Bently

Address,

Remarks, Child living

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 45725

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 16th 1881
4. *Place of Birth, (Street and Number)* No 7 Hughes
5. *Full Name of Mother* Elizabeth Lebenhart
6. *Mother's Maiden Name* Elizabeth Gerscht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Lebenhart
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hamer

Address No 18 Byrd street

Remarks

45726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 16 – 18
4. *Place of Birth, (Street and Number)* No. 36 2 McDonogh Street
5. *Full Name of Mother,* Bertha Hupple
6. *Mother's Maiden Name,* Bertha Henge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Hupple
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Attwell

Address, 281 McDonogh st

Remarks,

Extract Regulations of Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1881
BALTIMORE

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 16.
4. *Place of Birth, (Street and Number)*	446 Eagar st.
5. *Full Name of Mother,*	Emma Reynell.
6. *Mother's Maiden Name,*	Emma Mannat.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Reynell.
9. *Father's Occupation,*	Shoe Maker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Isabella Oliver.
Address,	220 S Eden st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45728

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 February
4. *Place of Birth, (Street and Number)* 90 Hemstead
5. *Full Name of Mother,* Wilhelmina Köhler
6. *Mother's Maiden Name,* Ungemach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abraham Köhler
9. *Father's Occupation,* Rail Road Inspector
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45729

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feby 16th 1881
4. *Place of Birth, (Street and Number)* 141 S. Eden St.
5. *Full Name of Mother,* Priscilla McClellan
6. *Mother's Maiden Name,* " Ayres
7. *Mother's Birthplace,* Balto. city
8. *Full Name of Father,* John McClellan
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address, 117 S. Broadway

Remarks,

Extract Regulations of the Board of Health [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16th of February
4. *Place of Birth (Street and Number)* No 7. Baltimore St
5. *Full Name of Mother* Mary J Henry
6. *Mother's Maiden Name* Mary J. Edwards
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H Henry
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 26. [illegible] Baltimore

Remarks M.L.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 16th 1881
4. *Place of Birth, (Street and Number)* Baltimore South st No 62
5. *Full Name of Mother* C. Poulton
6. *Mother's Maiden Name* " Grisier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John. Poulton
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Mitchell

Address No 140 Ramsay

Remarks

RETURN OF A BIRTH 45732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d'd

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race)

3. *Date of Birth,* Feb 16th 81

4. *Place of Birth,* (Street and Number) 783 Saratoga St.

5. *Full Name of Mother,* Mary Boughner.

6. *Mother's Maiden Name,* Mary Nicholson

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* Daniel Boughner

9. *Father's Occupation,* Brick Mason.

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. D. Kelly M.D.

Address, 84 N. Green St.

Remarks,

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

45733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 16th
4. Place of Birth (Street and Number) No 19 Granby st
5. Full Name of Mother Annie Schweinsberg
6. Mother's Maiden Name Annie Dickel
7. Mother's Birthplace German
8. Full Name of Father Simon Schweinsberg
9. Father's Occupation Cabinet Maker
10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. C. S. Bartholdsen M.D.

Address 166 S. Paca st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45734

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 16th 1881.
4. *Place of Birth, (Street and Number)* 89 S. Washington St.
5. *Full Name of Mother,* Elisabeth Winks.
6. *Mother's Maiden Name,* " Warner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno. W. Winks.
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich, M.D.

Address, 94 S. Broadway.

Remarks,

Extract Regulations of the

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45735

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

Florence W. Klug

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th February 1881
4. *Place of Birth, (Street and Number)* Baltimore, Hanover St. No 215
5. *Full Name of Mother,* Mrs Annie Klug
6. *Mother's Maiden Name,* Miss " Broseker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Klug
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, 8 Lawrence Alley

Remarks, GIVEN NAME ADDED 4-7-54

L.M

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 16th
4. *Place of Birth, (Street and Number)* No 183 N Front St
5. *Full Name of Mother,* — Roddy
6. *Mother's Maiden Name,* — R.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bernard Roddy
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm Whitridge

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN R. PIET, PRINTER & STATIONER, BALT.

45737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 17th 1881
4. *Place of Birth* (Street and Number)	No. 251 N. Fremont St.
5. *Full Name of Mother*	Mrs. Agnes F. Stevens
6. *Mother's Maiden Name*	Johnston
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Robert Lennox Stevens
9. *Father's Occupation*	Wholesale paper & stationery dealer
10. *Father's Birthplace*	Sheffield Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Wm. W. Mowray M.D.
Address	308 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 45738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 17th of February 1881.
4. *Place of Birth, (Street and Number)* 350 East Orleans Street.
5. *Full Name of Mother,* Maggie Grebs.
6. *Mother's Maiden Name,* Maggie Hahn.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Hahn.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel.

Address, 71 North Chapel Street for Justina Kunkel.

Remarks, Healthy.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4-5739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1 tes Kind

1. *Sex,* (*state whether male or female*) Mädchen
2. *Race or Color,* (*if not of the white race*) Weiß
3. *Date of Birth,* geboren den 17 ten Februar
4. *Place of Birth,* (*Street and Number*) No 267 S. Dallas Str
5. *Full Name of Mother,* Anna Bummeister
6. *Mother's Maiden Name,* Anna Hoffmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Bummeister
9. *Father's Occupation,* Handwerkeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Baumann

Address, No 197 S. Dallas Str

Remarks, Homme

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 5740

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Dec 17 '81
4. *Place of Birth, (Street and Number)* No 149 Raborg St
5. *Full Name of Mother* Martha Bell
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Va
8. *Full Name of Father* John Brown
9. *Father's Occupation* Unknown
10. *Father's Birthplace* Unknown

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Williams

Address No 137 Raborg St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

467141

HEALTH DEPARTMENT FEB 21 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* Male Healthe
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 17 of Feb 1891
4. *Place of Birth, (Street and Number)* 84 Wilkens St.
5. *Full Name of Mother* Lizzie Katy Basman
6. *Mother's Maiden Name* Lizzie Doering
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* Christian Doering,
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* born in Hessian Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Helen

Address 1617 W. Pratt St.

Remarks

45742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* feb the 17 1881
4. *Place of Birth (Street and Number)* 234 vine street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Joeannia brooks
7. *Mother's Birthplace* Charles county md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warner

Address 258 Raborg Street

Remarks None

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth Feb 17-1881
4. Place of Birth (Street and Number) 126 Park Ave
5. Full Name of Mother Mrs B. Walter
6. Mother's Maiden Name Ulman
7. Mother's Birthplace Balto
8. Full Name of Father M. R. Walter
9. Father's Occupation Atty at Law
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Richard [illegible] Md

Address 189 [illegible] City

Remarks

Extract Regulations of the Board of Health of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

457444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1881 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 17th 1881
4. *Place of Birth, (Street and Number)* 6 Waesche St
5. *Full Name of Mother,* Emma Sophia Mason Burgess
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Reese Pinkney Mason
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edw'd C Price M.D.

Address, 262 Madison ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45745

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17th 1881
4. *Place of Birth, (Street and Number)* Nr 167 N. Carey St.
5. *Full Name of Mother,* Mary Elizabeth Wellham
6. *Mother's Maiden Name,* " " Ousler.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Walter Winfield Wellham
9. *Father's Occupation,* Butter Dealer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Pembroke Mt. Hamble M.C.

Address, Nr 215 W. Lombard St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

5

4 5 7 4 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1931 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	17 of Feb
4. Place of Birth (Street and Number)	No 18 E. Eutaw Avenue
5. Full Name of Mother	Maggie Richards
6. Mother's Maiden Name	Maggie V Daughtry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dorsey Richards
9. Father's Occupation	Barber
10. Father's Birthplace	Amerundel County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Thondown
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Feb 1881
4. *Place of Birth, (Street and Number)* Balto. Washington st N 125
5. *Full Name of Mother,* Annie Planer
6. *Mother's Maiden Name,* Ann Sukas
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Planer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Maj Hofstot

Address, 69 Washington st

Remarks, Maj Hofstot

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45748

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* February 17 1881

4. *Place of Birth, (Street and Number)* No 239 N Wolfe Street

5. *Full Name of Mother,* Elizabeth H Hiker

6. *Mother's Maiden Name,* Elizabeth H Singleton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John A Hiker

9. *Father's Occupation,* Coal Dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas A Elliott

Address, 251 N Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 17th 1881
4. *Place of Birth, (Street and Number)*	No 506 Light st
5. *Full Name of Mother,*	Friedricke Heeck
6. *Mother's Maiden Name,*	Eversman
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Heeck
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrvasser midwife
Address,	330 Hanover st
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* Feb. 17th
4. *Place of Birth, (Street and Number)* Light St 645
5. *Full Name of Mother* Lizzie Rockhill
6. *Mother's Maiden Name* Lizzie Reader
7. *Mother's Birthplace* Balto County Md
8. *Full Name of Father* Peter Rockhill
9. *Father's Occupation* Labor Man
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Annie Greene

Address 634 Light St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thur 17th 1880.
4. *Place of Birth, (Street and Number)* No 19 Bantaloe St.
5. *Full Name of Mother* Rose Stricker
6. *Mother's Maiden Name* Rose Fox
7. *Mother's Birthplace* Maryland.
8. *Full Name of Father* Edward Stricker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No 57 Bantaloe St.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

11762

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Mother of 7 Children

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulford
3. *Date of Birth* February 17th 1881
4. *Place of Birth (Street and Number)* No 30 Boyd St
5. *Full Name of Mother* Mrs Annai Murray
6. *Mother's Maiden Name* Mrs Annie Price
7. *Mother's Birthplace* Baltimore County Md
8. *Full Name of Father* Mr Nelson Murray
9. *Father's Occupation* Occupation Waiter
10. *Father's Birthplace* Kissel County Md

Name of Medical Attendant, or other Person who makes this Return. Mr Barrah Dorrah

Address No 9 Jasper St

Remarks

45753

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 17th 1881
4. *Place of Birth, (Street and Number)* Baltimore Holling st No 93
5. *Full Name of Mother* Co Bankman
6. *Mother's Maiden Name* " Scknoskey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August. Bankman
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Mitchell

Address No 140 Ramsey st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45754

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 17th 1881.
4. *Place of Birth, (Street and Number)* S. W. Cor. Sharp & Dover Sts.
5. *Full Name of Mother,* Abigal East.
6. *Mother's Maiden Name,* — King.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Henry East.
9. *Father's Occupation,* Milk Dealer.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White, M.D.

Address, 79 N. Gilmor Sts.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45755

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 131 Pierce St
4. *Place of Birth, (Street and Number)* Feb 17th 1881
5. *Full Name of Mother* Kunigunda Shirk
6. *Mother's Maiden Name* Kunigunda Baum
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Anton Shirk
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Conny Metzenzehl

Address 345 Penna Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45756

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1931 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 February
4. *Place of Birth, (Street and Number)* 229 S. Broadway
5. *Full Name of Mother,* Ena Schiesel
6. *Mother's Maiden Name,* Pilsche
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Charlie Schiesel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 236 Canton Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

41.57757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1931
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 February 1881
4. *Place of Birth, (Street and Number)*	47 Bank Street
5. *Full Name of Mother,*	Katie Schoenhals.
6. *Mother's Maiden Name,*	Slegie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schoenhals
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft.
Address,	236 Canton Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth -

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 17th 1881.
4. *Place of Birth, (Street and Number)* 885 W Balto St
5. *Full Name of Mother,* Mary Louise Carruthers -
6. *Mother's Maiden Name,* " " Lowther
7. *Mother's Birthplace,* Baltimore -
8. *Full Name of Father,* Richard Carruthers -
9. *Father's Occupation,* Plumber -
10. *Father's Birthplace,* England -

Name of Medical Attendant, or other Person who makes this Return. W C Register M.D.

Address, W W Cor Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

15759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 17th, 1881
4. Place of Birth (Street and Number)	163 Montgomery St
5. Full Name of Mother	Mrs Davis
6. Mother's Maiden Name	
7. Mother's Birthplace	Canada
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	K. B. Fishburne
Address	Light & Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45760

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 17th 1881
4. *Place of Birth, (Street and Number)* 273 Saca St
5. *Full Name of Mother* Mary Catherine Boyd
6. *Mother's Maiden Name* Reinolt
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Frederick J Boyd
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 Saca St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 18 1881
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 17th
4. *Place of Birth (Street and Number)* No 100 Baltimore
5. *Full Name of Mother* Virginia Thomas
6. *Mother's Maiden Name* " Rollins
7. *Mother's Birthplace* City
8. *Full Name of Father* Sam'l Thomas
9. *Father's Occupation* Longman
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address 15 1 Hanover St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feb. 18th 1881
4. *Place of Birth, (Street and Number)*	43 Hillman St.
5. *Full Name of Mother*	Mrs Alice Savage
6. *Mother's Maiden Name*	Alice Quillan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Savage
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Burke Boyle
Address	16 & Eager St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

115763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th of February
4. *Place of Birth (Street and Number)* 162 Johnson Street
5. *Full Name of Mother* Mary Ann Elliott
6. *Mother's Maiden Name* Mary Ann Kane
7. *Mother's Birthplace* Baltimore, Maryland
8. *Full Name of Father* George Elliott
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address E

Remarks

45764

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of February
4. *Place of Birth, (Street and Number)* No 6[illegible] Light St
5. *Full Name of Mother,* Cairy Sinured
6. *Mother's Maiden Name,* Cairy Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jack Sinured
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Kreisbaber

Address, No 100 West St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1881 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3rd "

1. *Sex* (~~state whether male or~~ *female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* February 18th 1881.
4. *Place of Birth (Street and Number)* 28. Mary St.
5. *Full Name of Mother* Sarah I. Kelly
6. *Mother's Maiden Name* Sarah I. Beale
7. *Mother's Birthplace* Howard Co. Md.
8. *Full Name of Father* Charles Kelly
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. County, Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Thozer Ted.

Address " " " City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	Born on feb 18 1881
4. *Place of Birth (Street and Number)*	N 166 york street
5. *Full Name of Mother*	Eliza Dixon
6. *Mother's Maiden Name*	Eliza mongumy
7. *Mother's Birthplace*	Dorchester County
8. *Full Name of Father*	George H Dupont
9. *Father's Occupation*	oyster shucker
10. *Father's Birthplace*	Dorchester County
Name of Medical Attendant, or other Person who makes this return	Eastern Shore
Address	2 spring garden Ave
Remarks	

HEALTH DEPARTMENT RECEIVED FEB 22 1881 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 45767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* (Black.)
3. *Date of Birth,* Feb 18, 1881
4. *Place of Birth, (Street and Number)* Walesville Hospital
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown.
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. L M Brown M.D. Pecky

Address, 101 W Lombard

Remarks, Child in good condition.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45768

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 1881
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Margaret Kenly.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* 0
9. *Father's Occupation,* 0
10. *Father's Birthplace,* 0

Name of Medical Attendant, or other Person who makes this Return. L. McBrown, Res Phys

Address, 161 W Lombard St.

Remarks, Child in very good condition at birth.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45769

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 18th Feb. 1881
4. *Place of Birth, (Street and Number)* Balto. Allot st No 10
5. *Full Name of Mother,* Mary Macha
6. *Mother's Maiden Name,* Mary Bilak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Macha
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 89 Washington st

Remarks, Mary Koptish

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Feb 1881
4. *Place of Birth, (Street and Number)* Balto. Armst No 257
5. *Full Name of Mother,* Ann Padta
6. *Mother's Maiden Name,* Ann Pandra
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Padta
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Maj Redpath

Address, 69 Washington

Remarks, Maj Redpath

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45771

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 of Feb. 1881
4. *Place of Birth, (Street and Number)* 379. Broadway City
5. *Full Name of Mother* M. Greenen
6. *Mother's Maiden Name* M. Parr
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* G. J. Greenen
9. *Father's Occupation* Reporter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 W Cowhill

Remarks

45772

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-3-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

Name: Mary Ellen Pembleton

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colord
3. Date of Birth February 18th 1881 at half past 11 A.M.
4. Place of Birth (Street and Number) ~~Baltimore~~ 304 South Howard Street, Balt. Md
5. Full Name of Mother Sarah L. Pembleton
6. Mother's Maiden Name Sarah L. Robertson
7. Mother's Birthplace Deals Island Somerset County Md
8. Full Name of Father William Pembleton
9. Father's Occupation Drayman
10. Father's Birthplace Denton Caroline County Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Benson

Address Mid Wife Sofa Tomas 23 Leander Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 18 th 1881
4. *Place of Birth, (Street and Number)*	No 131 Leadenhall st
5. *Full Name of Mother,*	Anna Sapp Reinicker
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Sapp
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	L. Labouisse midwife
Address,	No 350 Hanover st
Remarks,	

JOHN E. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT FEB 24 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 d.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Febr. 18 1881
4. *Place of Birth,* (*Street and Number*) 20 Jahnstr.
5. *Full Name of Mother,* Maria Bauer
6. *Mother's Maiden Name,* Maria Pfizmeier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Luis Bauer
9. *Father's Occupation,* Hat maker
10. *Father's Birthplace,* Germany Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address, 1346 Bond str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45775

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d,~ 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb: 18th 1881
4. *Place of Birth, (Street and Number)* No 234 Lindenstr:
5. *Full Name of Mother* Amelia Hedrick Benedict
6. *Mother's Maiden Name* Amelia S. Hedrick
7. *Mother's Birthplace* Charlestown - W. Virginia
8. *Full Name of Father* Frank Benedict
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Louisville Ky

Name of Medical Attendant, or other Person who makes this Return. H. O. Wilson M.D.

Address 146. Park Av

Remarks

RETURN OF A BIRTH

4576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	Third (3^)
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Feb 18th 1881
4. *Place of Birth,* (*Street and Number*)	B^o 6 Forrest Place
5. *Full Name of Mother,*	Josephine Talbott Walsh
6. *Mother's Maiden Name,*	~~Thomas Talbott~~
7. *Mother's Birthplace,*	Balt. Md
8. *Full Name of Father,*	Thomas Talbott
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 18th 1881.
4. *Place of Birth, (Street and Number)* #140 High st.
5. *Full Name of Mother* Jane M. Trump
6. *Mother's Maiden Name* Jane M. Kibroe.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* J. H. Trump.
9. *Father's Occupation* Messenger. Marine Hospital.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mena Hillegeist

Address 182 E Monument st.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Feb 18th 1881.
4. *Place of Birth, (Street and Number)* Highlandtown, Balto, County.
5. *Full Name of Mother* Louisa Schmeiser
6. *Mother's Maiden Name* Louisa Volz.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* George Schmeiser
9. *Father's Occupation* Grover.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillquist

Address 182 E Monument st.

Remarks

RETURN OF A BIRTH

45779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

sician, accoucheur, midwife, or other person in charge, who shall attend, assist or of any child, within the City of Baltimore, shall report to the registrar aforesaid, ereafter, stating distinctly the date of birth, sex, and color of the child or children hysical condition, whether still-born or not, the full name, nativity, and residence t the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	16 febaury 1881
4. *Place of Birth, (Street and Number)*	No 16 Watcoat st Baltimore MD
5. *Full Name of Mother,*	Matilda Buckhanna
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore City MD
8. *Full Name of Father,*	Jacob Dingus
9. *Father's Occupation,*	Laboring truck
10. *Father's Birthplace,*	Baltimore City MD

RETURN OF A BIRTH

45779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	16 febaury 1881
4. *Place of Birth, (Street and Number)*	No 15 Wakeat st Baltimore MD
5. *Full Name of Mother,*	Matilda Buckhanna
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore City MD
8. *Full Name of Father,*	Jacob Simms
9. *Father's Occupation,*	Driving truck
10. *Father's Birthplace,*	Baltimore City MD
Name of Medical Attendant, or other Person who makes this Return.	Mary P Jones
Address,	No 3 Harris st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 February 1841
4. *Place of Birth (Street and Number)* 331 Chatsworth St
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* " Fox
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Martin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mayberry Brown M.D

Address 68 McElderry St

Remarks

45781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

Ella Virginia Witman Hewes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 18th 1881
4. Place of Birth (Street and Number) 315 N Carey St
5. Full Name of Mother Frances C Hewes
6. Mother's Maiden Name F. C. Cushing
7. Mother's Birthplace Baltimore
8. Full Name of Father Jno Hewes
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G W Mittenberger

Address 171 W Monument

Remarks GIVEN NAME ADDED 1-25-54

L.M.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of B

That any physician, accoucheur, midwife or other person in charge, wh advise at the birth of any child, within the City of Baltimore, shall report to within six days thereafter, stating distinctly the date of birth, sex, and color o born, its or their physical condition, whether still born or not, the full name, of the parents, and the maiden name of the mother of such child or children.

Ella Virginia Witman Hewes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 18th 1881
4. Place of Birth (Street and Number) 315 N Carey St
5. Full Name of Mother Frances C Hewes
6. Mother's Maiden Name F. C. Cushing
7. Mother's Birthplace Baltimore
8. Full Name of Father Jno. Hewes
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mittenberger

Address 121 W Monumental

Remarks GIVEN NAME ADDED 1-25-54

L.M.

45782

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex, (state whether male or female)* Febrl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 19 of February

4. *Place of Birth, (Street and Number)* No 4 Goodman Alley

5. *Full Name of Mother,* Mary Mary Cabe

6. *Mother's Maiden Name,* Mary Cotes

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Pat Mes Cabe

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina [illegible]

Address, No 1 [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

116783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 22 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex (state whether male or female)* two Girls
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* 19 Februar
4. *Place of Birth, (Street and Number)* 274 Ann Stret
5. *Full Name of Mother* Josefa Sujkocoska
6. *Mother's Maiden Name* Szporny
7. *Mother's Birthplace* Gnezen Germany
8. *Full Name of Father* Jofan Szporny
9. *Father's Occupation* — — — — — —
10. *Father's Birthplace* Gnezen Germany

Name of Medical Attendant, or other Person who makes this Return. Marie Güttnes

Address Wolfe Stret 245

Remarks

RETURN OF A BIRTH

1167811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 19th 1881
4. *Place of Birth, (Street and Number)* Harrison st
5. *Full Name of Mother,* Anna Bellara
6. *Mother's Maiden Name,* " Muller
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Antony Bellara
9. *Father's Occupation,* Workingman
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Alva E. Burnstein

Address, 113 E. Lombard st.

Remarks,

HEALTH DEPARTMENT FEB 22 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female) Male

Race or Color, (if not of the white race) white race

Date of Birth february the 19

Place of Birth, (Street and Number) Baltimore winemons Cove No 2

Full Name of Mother Kate link

Mother's Maiden Name Kate gavin

Mother's Birthplace virginia

Full Name of Father gorg link

Father's Occupation labour

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address william St No 374

Remarks

45786

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 19 1881
4. *Place of Birth, (Street and Number)* Maternity Hospital
5. *Full Name of Mother,* Mary J. Day
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Mt Brown M.D. Resp. Phys.

Address, 161 W Lombard

Remarks, Very good condition.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Female

1. *Sex, (state whether male or female)* White.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 19th 1881

4. *Place of Birth, (Street and Number)* 457 N. Fremont St

5. *Full Name of Mother,* Mrs John Eckestein

6. *Mother's Maiden Name,* Annie Briem

7. *Mother's Birthplace,* England

8. *Full Name of Father,* John Eckestein

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Md. U.S.

Name of Medical Attendant, or other Person who makes this Return W Rickert MD

Address,

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary 19 . 1881
4. *Place of Birth (Street and Number)* Poultney st No 22
5. *Full Name of Mother* Margret ~~Wenner~~ Karch
6. *Mother's Maiden Name* Margret ~~Karch~~ Wenner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Karch
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* February 19th 1881
4. *Place of Birth, (Street and Number)* Fourth street No 98
5. *Full Name of Mother* Elizabeth ~~Smith~~ Saul
6. *Mother's Maiden Name* Elizabeth Smith
7. *Mother's Birthplace* Germind
8. *Full Name of Father* Mrs Henry W Saul
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Germind Mid wife

Name of Medical Attendant, or other Person who makes this Return. mrs Sarah Cornal

Address No 17 Burrough St

Remarks Mother and child doewing well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 15790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth* Feb 19 1881
4. *Place of Birth, (Street and Number)* 60 Durst al
5. *Full Name of Mother* Sarah Colwell
6. *Mother's Maiden Name* " " Hubbard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Colwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH, 45791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 19th
4. *Place of Birth, (Street and Number)* No 33 S. Bethel st
5. *Full Name of Mother* Annie Buddenbohn
6. *Mother's Maiden Name* " " Spraicher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fred Buddenbohn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gelzke

Address No 56 S. Bond st

Remarks

RETURN OF A BIRTH, 45792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1931 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

(state whether male or female) female

ce or Color, (if not of the white race) white race

e of Birth February the 19

ace of Birth, (Street and Number) Baltimore light St No 969

l Name of Mother Ann English

her's Maiden Name Ann Townsend

her's Birthplace Annalle Co

l Name of Father William English

her's Occupation Laborer

her's Birthplace Delaware

me of Medical Attendant, or other Person who makes this Return. Elizabeth Hatton

dress William St No 394

marks

45793

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th February 29 1881
4. *Place of Birth, (Street and Number)* No 55 N Hanover Alley
5. *Full Name of Mother,* Mary Everett
6. *Mother's Maiden Name,* Mary Ferrell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Everett
9. *Father's Occupation,* Can-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 281 W Conceyh st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 19 1881
4. *Place of Birth, (Street and Number)* 230 N. Centre ave.
5. *Full Name of Mother,* Minna Heumiller
6. *Mother's Maiden Name,* M. Bremer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Heumiller
9. *Father's Occupation,* Cotchmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. R. Rudriger

Address, 134 N. Bond Str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

115795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb. 19th
4. *Place of Birth (Street and Number)* 143 Pierce St.
5. *Full Name of Mother* Betty Saunders
6. *Mother's Maiden Name* Betty Wesley
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* George Saunders
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall M.D.

Address 262 Sharp st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 19. 1881
4. *Place of Birth, (Street and Number)*	30 Fairmount Ave.
5. *Full Name of Mother,*	Alice Lee King,
6. *Mother's Maiden Name,*	" " Scott,
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Geo. L. King,
9. *Father's Occupation,*	Tentmaker
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Lusk M. D.
Address,	Balt. & Wash. Sts.
Remarks,	Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. 15797

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* mal
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth* Febewy 19
4. *Place of Birth, (Street and Number)* 200 Fort ave
5. *Full Name of Mother* Mary Ceny
6. *Mother's Maiden Name* Mary Meachtemey
7. *Mother's Birthplace* England
8. *Full Name of Father* Edward Ceno
9. *Father's Occupation* Soldger
10. *Father's Birthplace* Island

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliggy Donaldson

Address 452 Fort ave

Remarks Mother and child r doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

15798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 13th 1881
4. *Place of Birth, (Street and Number)* 56 Burgundy alley
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* John H Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45799

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Fair Mul
2. *Race or Color, (if not of the white race)* Wacid
3. *Date of Birth,* — 19 Feb 1891
4. *Place of Birth, (Street and Number)* Baeler Avenue
5. *Full Name of Mother,* B Schreiffer
6. *Mother's Maiden Name,* Schreiffer
7. *Mother's Birthplace,* Zweyendorf
8. *Full Name of Father,* Barth Schreiffer
9. *Father's Occupation,* Brouer
10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other Person who makes this Return. Maer Lacinck

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11-5800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 19ten Februar
4. *Place of Birth, (Street and Number)* No 269 S. Ann Str
5. *Full Name of Mother,* Auguste Krüger
6. *Mother's Maiden Name,* Auguste Mantke
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Julius Krüger
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Rautmann

Address, No 197 S. Dallas Str

Remarks, Hemme

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
20
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4tes Kind

1. *Sex,* (*state whether male or female*) Bub
2. *Race or Color,* (*if not of the white race*) Weiss
3. *Date of Birth,* geboren den 19te Februar
4. *Place of Birth,* (*Street and Number*) No 189 Druhorn Al.
5. *Full Name of Mother,* Lottrine Thoene
6. *Mother's Maiden Name,* Lottrine Siegmund
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Franz Thoene
9. *Father's Occupation,* Hausmeister
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 19ten Februar
4. *Place of Birth, (Street and Number)* No 285 S. Dallas Str
5. *Full Name of Mother,* Lorgunte Friedel
6. *Mother's Maiden Name,* Lorgunte Schäffer
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Georg Friedel
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hebamme

JOHN B. PIET, PRINTER & STATIONER, BALT.

45803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 19 of february
4. Place of Birth (Street and Number) Scarlmy Lane
5. Full Name of Mother Susinda Sowmac
6. Mother's Maiden Name Susinda Murphy
7. Mother's Birthplace Prince Georges County Md
8. Full Name of Father Oracia Sowmac
9. Father's Occupation Laborrer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Martha Susinda

Address Mary Jane Richards 212 Dower

Remarks please to excuse this form not coming in befor the baby was in a critical condition

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45804

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 19. 1881
4. *Place of Birth, (Street and Number)* S. Wolf No 10
5. *Full Name of Mother,* Maria Pechmann
6. *Mother's Maiden Name,* Winkler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Philip Pechmann
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Rombach

Address, S. Wolf No 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

45806

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 19th /81
4. *Place of Birth, (Street and Number)* 118 Shields Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary F Carroll
7. *Mother's Birthplace,*
8. *Full Name of Father,* John W. Preston
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other Person who makes this Return. Mary H Dorsey

Address, 83 Oxford St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45806

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* February 19th 1881
4. *Place of Birth, (Street and Number)* 7 North Liberty St
5. *Full Name of Mother* Julia A. Becker
6. *Mother's Maiden Name* Günther
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Carl F. C. Becker
9. *Father's Occupation* Liquor &c &c
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. S. Westbrook M.D.

Address S. E. Cor Eager Caroline Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

45807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 February
4. *Place of Birth (Street and Number)*	224 S. Paca St
5. *Full Name of Mother*	Mary A. Linsenmeier
6. *Mother's Maiden Name*	" " Stengel
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Frank J. Linsenmeier
9. *Father's Occupation*	Milkman
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J. A. Burch M.D.
Address	151 Hanover St
Remarks	

45808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1871 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) a 9

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of February
4. *Place of Birth (Street and Number)* 4 Federal st
5. *Full Name of Mother* Margret Stevenson
6. *Mother's Maiden Name* Margret Mallen
7. *Mother's Birthplace* Kings co Ireland
8. *Full Name of Father* William Stevenson
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Jane Bayless

Address No 44 N. Spring st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1881 BALTIMORE

No. of Child of Mother (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 20, 1881
4. *Place of Birth (Street and Number)* Front 229
5. *Full Name of Mother* Mrs Thos Scantlin
6. *Mother's Maiden Name* Rose Lemon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos Scantlin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address Eutaw & Hoffman sts

Remarks

RETURN OF A BIRTH

45810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 February
4. *Place of Birth, (Street and Number)* 65 Market Space
5. *Full Name of Mother,* Adel Thomas
6. *Mother's Maiden Name,* Delan
7. *Mother's Birthplace,* French
8. *Full Name of Father,* Charles Thomas
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* French

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Harper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2
1941
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 February
4. *Place of Birth, (Street and Number)* 17 Second
5. *Full Name of Mother,* Marie Martin
6. *Mother's Maiden Name,* Doel
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Frank Martin
9. *Father's Occupation,* Inspector of Excise
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Laura Cooper

Address, 52 E Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 20 1881
4. *Place of Birth* (Street and Number) No 73 Federal st Balt
5. *Full Name of Mother* Sarah Cambel
6. *Mother's Maiden Name* Sarah Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Cambel
9. *Father's Occupation* Barber
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs Francis Granby

Address

Remarks

45813

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 ~~[illegible]~~ child
1. *Sex, (state whether male or female)*	~~female~~ Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20th of February
4. *Place of Birth, (Street and Number)*	Baltimore 60 Mulberry st.
5. *Full Name of Mother,*	Margaret Yockel
6. *Mother's Maiden Name,*	Margaret Kuhn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexander Yockel
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Miss. ~~Midwife~~ A. Lindner
Address,	No 45. S Monroe. St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 23 1881 BALTIMORE

Baltimore 22

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Head of Children

1. *Sex (state whether male or female)* [illegible] 7 and 1 male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* [illegible] 26th
4. *Place of Birth (Street and Number)* [illegible] Lafayette St
5. *Full Name of Mother* [illegible] Locket Nat Born N C
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 21 [illegible] Est

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 1

1. *Sex (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb 20 1881
4. *Place of Birth, (Street and Number)* 172 Battery ave
5. *Full Name of Mother* Emma Gadt
6. *Mother's Maiden Name* Emma Taylor
7. *Mother's Birthplace* Somerset Co
8. *Full Name of Father* Frank Gadt
9. *Father's Occupation* Baker Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

15516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 20th 1881
4. Place of Birth (Street and Number)	Baltimore Montgomery 21 238
5. Full Name of Mother	Catherine Rosbach
6. Mother's Maiden Name	" Waidman
7. Mother's Birthplace	Germany
8. Full Name of Father	Phillip Rosbach
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth Scarborough
Address	220 Montgomery St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45817

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 20 th 1881
4. *Place of Birth, (Street and Number)* No 22½ Lee st
5. *Full Name of Mother,* Cathern Kromm
6. *Mother's Maiden Name,* Shalmann
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Theodor Kromm
9. *Father's Occupation,* Harnismaker
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4581 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 d.

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Feb. 20 1881

4. *Place of Birth,* (*Street and Number*) 22 Walker St.

5. *Full Name of Mother,* Margred Bruning

6. *Mother's Maiden Name,* M. Wich

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Johan Bruning

9. *Father's Occupation,* Loebere

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. K. Rudiger

Address, 134 S. Bond St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 Febuary
4. *Place of Birth (Street and Number)* 46 Washingtonsav
5. *Full Name of Mother* Margret an diffen dall
6. *Mother's Maiden Name* - - - - Burk
7. *Mother's Birthplace* maryland
8. *Full Name of Father* William henry diffen dall
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary Kreuning

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45820

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 20th 1881
4. *Place of Birth, (Street and Number)* Baltimore Poppletown No 54
5. *Full Name of Mother* Mary Kent
6. *Mother's Maiden Name* " Hughe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Kent
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 142 Ramsey

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

458.91

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1861 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of February
4. *Place of Birth, (Street and Number)* 148 Madeary
5. *Full Name of Mother,* Carline Schlamback
6. *Mother's Maiden Name,* Sanna
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gottliebe Schlamback
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 12 Patterson Park av

Remarks,

That any Physician, accoucheur, midwife, or other person, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

115822

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Feb 20th 1880.
4. *Place of Birth, (Street and Number)* # 206 East Pennsylvania.
5. *Full Name of Mother* Annie Franz.
6. *Mother's Maiden Name* Annie Mc. Nulty.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Henry C. Franz.
9. *Father's Occupation* Shoemaker. a butler.
10. *Father's Birthplace* York. Pa.

Name of Medical Attendant, or other Person who makes this Return. Lind Hilegust.

Address 102 E Pennsylvania st.

Remarks

45823

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* February 20th 1881
4. *Place of Birth, (Street and Number)* 182 S. Howard St. Baltimore
5. *Full Name of Mother* Alice H Bond
6. *Mother's Maiden Name* Alice H Johns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. G. Bond
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rachel Doman

Address 82 Montgomery St

Remarks

Record in Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

115814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20 1881
4. *Place of Birth (Street and Number)* 128 Pennsylvania Avenue
5. *Full Name of Mother* Adelaide Hucht
6. *Mother's Maiden Name* " Imwael
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Theodore Hucht
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M D

Address 68 McCulloh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

45825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 20 1881
4. *Place of Birth (Street and Number)* Carey & Mosher Sts
5. *Full Name of Mother* Mary Elizabeth Becker
6. *Mother's Maiden Name* " " Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frederick Becker
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.

Address 68 McCulloh St

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

115826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb 20 1881
4. *Place of Birth (Street and Number)* 303 W. Hoffman St
5. *Full Name of Mother* Mary Jane Johnson
6. *Mother's Maiden Name* " " Brannan
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Jacob Cummings Johnson
9. *Father's Occupation* Superintendent of Shoe Factory
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. Marburg Brown M.D

Address 65 McCulloh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Dark
3. *Date of Birth* February 20th 1881
4. *Place of Birth, (Street and Number)* Germania st
5. *Full Name of Mother* Mrs Frank Hauer
6. *Mother's Maiden Name* Milkey Wiser
7. *Mother's Birthplace* Hartford Co Md
8. *Full Name of Father* Frank Hauer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Rockville Md

Name of Medical Attendant, or other Person who make this Return. Letty Valentine

Address 42 Quinn st

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

45828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — 4th

1. Sex ~~(state whether~~ Male or ~~Female)~~
2. Race or Color (if not of the white race)
3. Date of Birth 20th Feby 1881
4. Place of Birth (Street and Number) Cor Carey & Pratt
5. Full Name of Mother Emily C. Bowen
6. Mother's Maiden Name " " Porter
7. Mother's Birthplace Md
8. Full Name of Father Thos H Bowen
9. Father's Occupation Steveedore
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo H Epstein

#1 Waverly Terrace

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 20th 81

4. *Place of Birth, (Street and Number)* 482 Franklin St Balto City

5. *Full Name of Mother,* Mary E. Hanns.

6. *Mother's Maiden Name,* " Roddeuck

7. *Mother's Birthplace,* Balto City M. D.

8. *Full Name of Father,* John H. Hanns.

9. *Father's Occupation,* Clerk in Post Office Balto City

10. *Father's Birthplace,* Albany N. Y.

Name of Medical Attendant, or other Person who makes this Return. G. Leonard

Address, 435 W. Mulberry St

Remarks, A Large baby 12 lb. solid weight.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45830

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 20. Feb
4. *Place of Birth, (Street and Number)* W. Somborn st No. 428.
5. *Full Name of Mother,* Sove Wietscher.
6. *Mother's Maiden Name,* Sove Viereckt.
7. *Mother's Birthplace,* Germane
8. *Full Name of Father,* Edward Wietscher.
9. *Father's Occupation,* Grinder and polisher.
10. *Father's Birthplace,* Germane

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebag No 439. W Prad st

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) F
2. Race or Color (if not of the white race)
3. Date of Birth February 20th 1881 –
4. Place of Birth (Street and Number) 118 S High St
5. Full Name of Mother Rebecca G. Higgins
6. Mother's Maiden Name Rebecca Gunther
7. Mother's Birthplace
8. Full Name of Father Wm D. Higgins
9. Father's Occupation Accountant
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit

Address 67 E Balto St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex* (state whether Male or Female) F.
2. *Race or Color* (if not of the white race) W.
3. *Date of Birth* Feb. 20th. 881
4. *Place of Birth* (Street and Number) No - Ramsey Street
5. *Full Name of Mother* Margret Geller
6. *Mother's Maiden Name* " Decker
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* John Geller
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. Chas W. Heft

Address 306 W. Gaylord Street

Remarks

RETURN OF A BIRTH

~~21833~~ 45833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third -

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* February 21st 1881
4. *Place of Birth, (Street and Number)* 880 W Pratt St -
5. *Full Name of Mother,* Katie Agnes Morrisett
6. *Mother's Maiden Name,* Katie Agnes Dukes
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* William Morrisett
9. *Father's Occupation,* Steam Fitter
10. *Father's Birthplace,* Manchester Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs Leidner

Address, 41 Monroe St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

~~25834~~
45834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 February
4. *Place of Birth, (Street and Number)* 33 E Lombard
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ana Breiling
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person attending, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 February
4. *Place of Birth, (Street and Number)* 46 Market Space
5. *Full Name of Mother,* Ann Casey
6. *Mother's Maiden Name,* Comens
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James Casey
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Casper

Address, 52 E Fayette

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Wlak
3. *Date of Birth* Feby 21
4. *Place of Birth (Street and Number)* 79 Somerset St
5. *Full Name of Mother* Johannah Garish
6. *Mother's Maiden Name* Coffee
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Chas W. Garish
9. *Father's Occupation* Wagon for Hire
10. *Father's Birthplace* American

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address

Remarks all right 330 Asquith Street

79 Somerset St

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 of Feb. 1881
4. *Place of Birth, (Street and Number)* 19 Bethel St.
5. *Full Name of Mother* Charlotte Richter
6. *Mother's Maiden Name* Charlotte Seeback
7. *Mother's Birthplace* Balto Co.
8. *Full Name of Father* Lawrance Richter
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 12 N. Caroline

Remarks Balto

45838

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 Child

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* 21 of febriware
4. *Place of Birth, (Street and Number)* 323 harwood street
5. *Full Name of Mother,* Sizzy Sprigh
6. *Mother's Maiden Name,* Sizzy harde
7. *Mother's Birthplace,* Colvert cunty
8. *Full Name of Father,* John frank ~~Sprigex~~ sprige
9. *Father's Occupation,* Carmon
10. *Father's Birthplace,* Colvert Cuntry

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 yark street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45839

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3. Childe

1. *Sex, (state whether male or female)* Male Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* 21 of Febuware 1881
4. *Place of Birth, (Street and Number)* 186 S. Harwode street
5. *Full Name of Mother,* Cormiller parwan
6. *Mother's Maiden Name,* Cormiller Watter
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Jamme [illegible] Watter
9. *Father's Occupation,* Dramme
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181 York street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45840

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* ~~Male~~

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb - 21 - 1881

4. *Place of Birth (Street and Number)* 313 Carrollton Ave

5. *Full Name of Mother* Sarah Jane Landon

6. *Mother's Maiden Name* Sarah Jane Lynch

7. *Mother's Birthplace* Adams Co. Pa.

8. *Full Name of Father* Geo. W. Landon

9. *Father's Occupation* Picture Frame Manufacturer

10. *Father's Birthplace* Wisconsin

Name of Medical Attendant, or other Person who makes this Return. Wm A B. Sillman M D

Address 249 Carrollton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

145841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr 21 81
4. *Place of Birth, (Street and Number)*	# 63 N. Eutaw Street + City
5. *Full Name of Mother,*	Margret Mary Kilzmeyer
6. *Mother's Maiden Name,*	Margret Mary Spicker
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jno Wm Kilzmeyer
9. *Father's Occupation,*	Boot + Shoe maker
10. *Father's Birthplace,*	Hoelle, Wurtenberg, Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Chas N. Thomas M. D. & Mrs =
Address,	and Mrs Sommerfeld # 38 Penn.a Av.
Remarks,	

HEALTH DEPARTMENT BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

45842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st Feb 1881
4. *Place of Birth, (Street and Number)* 203 Central Ave
5. *Full Name of Mother,* Lizzie Kreager
6. *Mother's Maiden Name,* Kurtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Kreager
9. *Father's Occupation,* Beer Saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Ulbig

Remarks, 4 [illegible] Coffeen St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st of February
4. *Place of Birth, (Street and Number)* 17 Federal St
5. *Full Name of Mother,* Eliza Fuse
6. *Mother's Maiden Name,* [illegible] Peterman
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Neal Fuse
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Logsley

Address, 269 Cathedral St.

Remarks,

458111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 21st 1886
4. *Place of Birth, (Street and Number)* 52 Bond st.
5. *Full Name of Mother,* Mollie Willoughame
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Miller
9. *Father's Occupation,* Furniture coverer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 1136 Lombard st.

Remarks,

HEALTH DEPARTMENT BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

45845

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1831 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 21st
4. *Place of Birth, (Street and Number)* 329 Cross St.
5. *Full Name of Mother,* Anna Margaretha Peters
6. *Mother's Maiden Name,* Kleye
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Claus Peters
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Windbergen, Prov. Holstein Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Mauch

Address, 8 Leadenhall St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45846

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown Skin child
3. *Date of Birth,* 21 febuary Baltimore
4. *Place of Birth, (Street and Number)* Baltimore Island St No 21
5. *Full Name of Mother,* Sallie Jones
6. *Mother's Maiden Name,* Annie Jones
7. *Mother's Birthplace,* Callman county maryland
8. *Full Name of Father,* Samuel Gross
9. *Father's Occupation,* Shucks oysters
10. *Father's Birthplace,* On cross Street No 326

Name of Medical Attendant, or other Person who makes this Return. Female Gertie hill

Address, Annie Johnson

Remarks, Number 80 Plum Ally

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 21, 1881
4. *Place of Birth, (Street and Number)* Jennie Roberts
5. *Full Name of Mother,* " Klein
6. *Mother's Maiden Name,* Hoffman Lt near Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno B Roberts
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J H White MD

Address, 317 N Broadway

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45848

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22. 90
4. *Place of Birth, (Street and Number)* Waterside Hospital 161 W Lanvale
5. *Full Name of Mother,* Mrs E L Bauchamp
6. *Mother's Maiden Name,* Mrs Jennings
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J M Braun M.D.

Address, 161 W Lanvale

Remarks, Condition Good

JOHN B. PIET, PRINTER & STATIONER, BALT.

45849

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 246 E Madison
5. *Full Name of Mother,* Amelia Stein
6. *Mother's Maiden Name,* Dickman
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Charles Stein
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45850

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 115 S Carolina
5. *Full Name of Mother,* Kat Miller
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Georg Miller
9. *Father's Occupation,* Crocery Reper
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carper

Address, 52 E Lombard S

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45851

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 27 S Kasel
5. *Full Name of Mother,* Ana Giesman
6. *Mother's Maiden Name,* Davit
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Giesman
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address, 52 E Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2ro

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Feby 22nd 1881

4. *Place of Birth,* (*Street and Number*) 8 Perry Place

5. *Full Name of Mother,* Emily B Heimes

6. *Mother's Maiden Name,* Emily B. Bayles

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Thos B. Heimes

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45853

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22nd February
4. *Place of Birth (Street and Number)* 1706 Washington avenue
5. *Full Name of Mother* Mary Rachel Sarah Smith
6. *Mother's Maiden Name* Rachel Sarah Haynes
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* August Smith
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary J. Kraing

Address

Remarks

RETURN OF A BIRTH

458.54

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1ter Kind

1. *Sex,* (*state whether male or female*) Mädchen
2. *Race or Color,* (*if not of the white race*) Mein
3. *Date of Birth,* geboren den 22ten Februar
4. *Place of Birth,* (*Street and Number*) No 313 S. Bond Str
5. *Full Name of Mother,* Cäth Rehne
6. *Mother's Maiden Name,* Cäth Heller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sehim Rehne
9. *Father's Occupation,* Handwerker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Homme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1891 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 22nd 1891
4. *Place of Birth (Street and Number)*	No 347 Eastern Avenue
5. *Full Name of Mother*	Mrs Jennie Harris
6. *Mother's Maiden Name*	Miss Jennie Day
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Thomas Harris
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Margaret A. Garrett
Address	No 65 Burke Street
Remarks	

RETURN OF A BIRTH

45866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Childe

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* 22 of februware 1881
4. *Place of Birth, (Street and Number)* 157 S Parks Street
5. *Full Name of Mother,* Sath Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milley Grist

Address, 181 Parks Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45857

RETURN OF A BIRTH,

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22nd of Feb. 1881
4. *Place of Birth, (Street and Number)* Number [illegible] Rear of Flower st.
5. *Full Name of Mother* Sarah McGinnis
6. *Mother's Maiden Name* Sarah Brown
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Charles McGinnis
9. *Father's Occupation* Army
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible] Walter

Address 925 N. Carolina

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45858

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* feb 22
4. *Place of Birth, (Street and Number)* 50 north center st
5. *Full Name of Mother,* Agnes Bradford
6. *Mother's Maiden Name,* Agness Smith
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Bradford
9. *Father's Occupation,* Moreskeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs leak Johnson

Address, no 11 short st

Remarks, healthy Child

JOHN B. PIET, PRINTER & STATIONER, BALT.

45859

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 22 June 1881
4. *Place of Birth, (Street and Number)* No 275 Micdown Ste
5. *Full Name of Mother* Eagleby Grand
6. *Mother's Maiden Name* E anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Grand
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Boothe William

Address 70 Chapman Street

Remarks Mother Arch Cill Dr. Wile

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

1658 60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 22nd 1881
4. Place of Birth (Street and Number)	Monroe st No 82
5. Full Name of Mother	Elizabeth Dent
6. Mother's Maiden Name	Elizabeth Blunt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernard Dent
9. Father's Occupation	Hair spinner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fulweiler
Address	792 Pratt st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

45861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22 – 1881

4. Place of Birth (Street and Number) 175 N Fremont St

5. Full Name of Mother Anna C Meeks

6. Mother's Maiden Name Fink

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father Franklin Meeks

9. Father's Occupation Printer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. M G Riden MD

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 22nd February 1881
4. Place of Birth (Street and Number) 5 Camden
5. Full Name of Mother Lizzie Ellard
6. Mother's Maiden Name Mc Dermott
7. Mother's Birthplace Balt.
8. Full Name of Father Richard Ellard
9. Father's Occupation Shoemaker
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. H W Webster Md

Address 57 Barrel

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH,

16863

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 22d 1881
4. *Place of Birth, (Street and Number)* 477 W. Fremont St.
5. *Full Name of Mother* Ellen Cameron
6. *Mother's Maiden Name* Leeling
7. *Mother's Birthplace* York Co. Pa.
8. *Full Name of Father* Jno. Myers Cameron
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Lenox Ave.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

45864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1888 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 22nd

4. Place of Birth (Street and Number) No 19 Edmonson Av.

5. Full Name of Mother Louise New

6. Mother's Maiden Name Louise Dinger

7. Mother's Birthplace New York

8. Full Name of Father Henry Jr. New

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return J. L. Buddeaus Jr. M.D.

Address 166 S. Paca St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45865

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd Feby
4. *Place of Birth, (Street and Number)* 53 Hamburgst Cor Battery Avenue
5. *Full Name of Mother,* Carloine Roeder
6. *Mother's Maiden Name,* Caroline Koehnline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Roeder
9. *Father's Occupation,* Porter in Drug Store
10. *Father's Birthplace,* Baltimore ~~Münch~~

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address, Leaden Hall St 8

Remarks, —

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45866

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) 96

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 22 1881
4. *Place of Birth, (Street and Number)* Oliangstr 377
5. *Full Name of Mother,* Eva Margareth
6. *Mother's Maiden Name,* Uislein
7. *Mother's Birthplace,* Baern
8. *Full Name of Father,* Friedrich Margareth
9. *Father's Occupation,* Talar
10. *Father's Birthplace,* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. My Joh. Raubach

Address, S. Wolf No 14.

Remarks, Midwife

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Feby 22nd '81

4. Place of Birth (Street and Number) 132 Dolphin St.

5. Full Name of Mother Teresa Barry

6. Mother's Maiden Name Teresa Kenny

7. Mother's Birthplace Balt. City

8. Full Name of Father Patrick T. Barry

9. Father's Occupation Plumber & Gas fitter

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address E. W. Calvert & Reading

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45868

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 22 81
4. *Place of Birth, (Street and Number)* King Str. No 30
5. *Full Name of Mother,* Charlotte Zink
6. *Mother's Maiden Name,* Boehne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Zink
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach No 439 W. Pratt St.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45569

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
23
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February
4. *Place of Birth, (Street and Number)* No 192 Chappel Street
5. *Full Name of Mother,* Mrs B Leonard
6. *Mother's Maiden Name,* Jenny Babst
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Leonard
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Simms

Address, No 171 S. Washington Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-5870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 23rd 1881
4. *Place of Birth, (Street and Number)*	596 W. Lombard St
5. *Full Name of Mother,*	Allie A. Brooks
6. *Mother's Maiden Name,*	Allie A. Larkin
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father,*	Jackson D. Brooks
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	John W. Waugh Jr.
Address,	240 N Eutaw St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 23 rd 1881
4. *Place of Birth, (Street and Number)*	No 103 Leadenhall st
5. *Full Name of Mother,*	Anna Kandler
6. *Mother's Maiden Name,*	Hoffman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Paul Kandler
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address,	330 Hanover st
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

45872
45873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 & 13th

1. Sex (state whether Male or Female) Females (twins)
2. Race or Color (if not of the white race) Colored
3. Date of Birth 23rd
4. Place of Birth (Street and Number) 88 Harmony Lane
5. Full Name of Mother Martha Country
6. Mother's Maiden Name " Reynolds
7. Mother's Birthplace Balto City
8. Full Name of Father Chas Country
9. Father's Occupation Ray picker
10. Father's Birthplace Mass.

Name of Medical Attendant, or other Person who makes this Return. H F Hill

Address 361 Franklin St

Remarks One foot presentation & it died

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45874

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 25th 1881
4. *Place of Birth, (Street and Number)* Maternity Hospital
5. *Full Name of Mother,* Helen Evans.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* G. Francis
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other Person who makes this Return. J. Maurice Brown, M.D.

Address, Maternity Hospital, 16 Lombard

Remarks, all in good condition.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45875

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colorde
3. *Date of Birth,* feb 23
4. *Place of Birth, (Street and Number)* 225' north dollar st
5. *Full Name of Mother,* mary parkington
6. *Mother's Maiden Name,* mary starker
7. *Mother's Birthplace,* parktoppn pa
8. *Full Name of Father,* lepir parkington
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* parktoppn pa

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address, no 18 short st

Remarks, healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* feb 23
4. *Place of Birth, (Street and Number)* 124 dallas st
5. *Full Name of Mother,* mary Banks
6. *Mother's Maiden Name,* mary smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Banks
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Lee Johnson

Address, Healthy child

Remarks, no 16 ward

JOHN B. PIET, PRINTER & STATIONER, BALT.

43877

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23, 1891
4. *Place of Birth, (Street and Number)* Maternity Hospital
5. *Full Name of Mother,* Lora Bennett
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown, M.D.

Address, Maternity, 101 W. Lombard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23rd
4. *Place of Birth, (Street and Number)* No 230 Aisquith st.
5. *Full Name of Mother,* Valina Weis
6. *Mother's Maiden Name,* Kilmeier
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Weis
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

JOHN S. PIET, PRINTER & STATIONER, BALT.

45879

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23 of Feb. 1881
4. *Place of Birth, (Street and Number)* 64 Chew St
5. *Full Name of Mother* Mary Orts
6. *Mother's Maiden Name* Mary Overback
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George Orts
9. *Father's Occupation* Tapes Hanger
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walsh

Address 125 N Carolina

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) first child

1. *Sex,* (*state whether male or female*) Male Child

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* 23 of February

4. *Place of Birth,* (*Street and Number*) No 9 Norris St Baltimore

5. *Full Name of Mother,* Susan Hall

6. *Mother's Maiden Name,* Susan Hall

7. *Mother's Birthplace,* Eastern Shore

8. *Full Name of Father,* Asbury Franklin

9. *Father's Occupation,* Driving Furniture Wagon

10. *Father's Birthplace,* Harford County Md

Name of Medical Attendant, or other Person who makes this Return. Mary C Fowles

Address, No 9 Norris St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45881

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 23 1881
4. *Place of Birth, (Street and Number)* No. 310 N. Ann Street
5. *Full Name of Mother,* Sophia E. Delcher
6. *Mother's Maiden Name,* Sophia E. Zeentheusel.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Howard G. Delcher
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

11882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 22. 1881
4. *Place of Birth, (Street and Number)* No 148 S. Wolfe st
5. *Full Name of Mother* Minnie Oliver
6. *Mother's Maiden Name* " " " Jorhance
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Columbus Oliver
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gelzke

Address No 35 S. Bond st

Remarks

RETURN OF A BIRTH,

45883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 22
4. *Place of Birth, (Street and Number)* No 30 S. Bethel st
5. *Full Name of Mother* Elizabeth Klotz
6. *Mother's Maiden Name* Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edward Klotz
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Geltzke

Address No 53 S. Bond st

Remarks

RETURN OF A BIRTH.

458814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male sex
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Febuary 23, rd
4. Place of Birth (Street and Number)	243 Durham
5. Full Name of Mother	Jennie Numan
6. Mother's Maiden Name	Jennie Broun
7. Mother's Birthplace	Richmond Virgina Virgina
8. Full Name of Father	William Henry Numan
9. Father's Occupation	Dray Driver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Elizebeth Foot
Address	No 15 Horn st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of Feb 1881
4. *Place of Birth, (Street and Number)* 37 Spring St
5. *Full Name of Mother,* Mary Hartnagle
6. *Mother's Maiden Name,* Ebsing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Hartnagle
9. *Father's Occupation,* Fish Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Illig

Address, 41 Holland st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

45886

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 23 1881
4. *Place of Birth, (Street and Number)* 348 N. Durhamstr.
5. *Full Name of Mother,* Mangreth Schampnes
6. *Mother's Maiden Name,* Marg Zinkand
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg ~~Zinkand~~ Schampnes
9. *Father's Occupation,* Kannmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address, 164 N. Bondstr.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 February
4. *Place of Birth, (Street and Number)* 243. S. Broadway
5. *Full Name of Mother,* Louise Jung
6. *Mother's Maiden Name,* Odensats
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Kaspar Jung
9. *Father's Occupation,* Schoemacker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 236 Canton Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 45858

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Twenty third of February
4. *Place of Birth, (Street and Number)* 241 Orleans Street
5. *Full Name of Mother* Rebecca Dorsey
6. *Mother's Maiden Name* Rebecca Chapman
7. *Mother's Birthplace* Saint Marys County
8. *Full Name of Father* Owens Henry Dorsey
9. *Father's Occupation* Hodcarrier
10. *Father's Birthplace* Annesundel County

Name of Medical Attendant, or other Person who makes this Return. Annie Campshor

Address No 9 Union Alley

Remarks I have done this bill to the best of my acknowledgement

45889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 23. 1881
4. *Place of Birth (Street and Number)* 438 N Fulton Ave
5. *Full Name of Mother* Sarah F Harrison
6. *Mother's Maiden Name* Sarah F ~~Harrison~~ Craft
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry R Harrison
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr Hammond Md

Address 64 N Paca St

Remarks Labor Natural

RETURN OF A BIRTH.

45890

HEALTH DEPARTMENT MAR 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d~~, &c.)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth 23rd Feby 1881

4. Place of Birth (Street and Number) 752 W Lexington St

5. Full Name of Mother Laura Greer

6. Mother's Maiden Name " Yeatman

7. Mother's Birthplace Md

8. Full Name of Father Wm F. Greer

9. Father's Occupation Salesman

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Lewis Taylor

Address 1 Waverley Terrace

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 23d 1891
4. *Place of Birth (Street and Number)* #6 New Church St.
5. *Full Name of Mother* Josephine Duffy
6. *Mother's Maiden Name* Josephine Smith
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Duffy
9. *Father's Occupation* Lean-maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James Boyce M.D.

Address #110 N. Eutaw St.

Remarks Mother & Child both doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 23d
4. *Place of Birth, (Street and Number)*	190 Columbia ave
5. *Full Name of Mother,*	Johanne Guester
6. *Mother's Maiden Name,*	Fleck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Guester
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Brook.
Address,	328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 23 1881
4. *Place of Birth (Street and Number)* #502 Calhoun St.
5. *Full Name of Mother* Mollie H Sipes
6. *Mother's Maiden Name* Mollie H Tracey
7. *Mother's Birthplace* Baltimore Co.
8. *Full Name of Father* Owens Sipes
9. *Father's Occupation* Rail Roading
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address No 1 N Boundary ave

Remarks near Druid Hill ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* - male -
2. *Race or Color (if not of the white race)* white -
3. *Date of Birth:* 23 July. 1881.
4. *Place of Birth (Street and Number)* 124. N. Eutaw.
5. *Full Name of Mother* Estella Glenn -
6. *Mother's Maiden Name* " Seymore -
7. *Mother's Birthplace* Md.
8. *Full Name of Father.* Alpheus C Glenn. -
9. *Father's Occupation* R R Employé
10. *Father's Birthplace* N. C

Name of Medical Attendant, or other Person who makes this Return. G Lane Tancyhill

Address 129 W Biddle St

Remarks very tedious labor: 72 hours: cord around neck - child asphyxiated for 4 minutes -

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45895

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* febuary the 23
4. *Place of Birth, (Street and Number)* 357 south sharp st
5. *Full Name of Mother,* ida emmet
6. *Mother's Maiden Name,* ida gist
7. *Mother's Birthplace,* baltimore county
8. *Full Name of Father,* baker emmet
9. *Father's Occupation,* glass blower
10. *Father's Birthplace,* jersy city

Name of Medical Attendant, or other Person who makes this Return. W. williminnie smith

Address, 396 south sharp st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45896

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5th

1. *Sex, (state whether male or female)* Boy Boy
2. *Race or Color, (if not of the white race)* race Colored
3. *Date of Birth,* / feb 23 1881
4. *Place of Birth, (Street and Number)* Baltimore yorks St 135
5. *Full Name of Mother,* Mary Ellen Tolar
6. *Mother's Maiden Name,* Mary Ellen Eanes
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* William H Tolar
9. *Father's Occupation,* Oyster Shacker
10. *Father's Birthplace,* Tollot County Md

Name of Medical Attendant, or other Person who makes this Return. Anna Wesley

Address, No 17 Plum Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)* 1
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* February 23, 1881
4. *Place of Birth, (Street and Number)* Constitution Ld 37
5. *Full Name of Mother,* Eliza Edwards
6. *Mother's Maiden Name,* " Taylor
7. *Mother's Birthplace,* Phila Pa.
8. *Full Name of Father,* J. Edwards
9. *Father's Occupation,* Dealer
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M.D.

Address, 327 S Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

45898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 24th 1881
4. *Place of Birth, (Street and Number)* No. 3553 N. Charles Street
5. *Full Name of Mother* Ellen Topham Ward
6. *Mother's Maiden Name* Ellen Topham Evans
7. *Mother's Birthplace* Cumberland — Maryland
8. *Full Name of Father* Frank X Ward
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. Wilson M.D.

Address 146 Park Avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

43899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 tu

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* feb 24th 1881
4. *Place of Birth, (Street and Number)* No 139
5. *Full Name of Mother,* Mary Jane Strickland
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* George Strickland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Howell

Address, 71 Burgundy alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

15900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Feb. 24th 85
4. *Place of Birth,* (*Street and Number*) #371 W. Fayette St. Balto.
5. *Full Name of Mother,* Lizzie Dora Hutchinson
6. *Mother's Maiden Name,* " " Wheeler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thos. H. Hutchinson
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. T. Chew Worthington M.D.

Address, #373 W. Fayette St. Balto.

Remarks, Vertex presentation.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 115901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 24 1881
4. *Place of Birth, (Street and Number)* 137 Johnson st
5. *Full Name of Mother* Helen Bryants
6. *Mother's Maiden Name* Helen Travers
7. *Mother's Birthplace* Dorchester
8. *Full Name of Father* Edward Bryants
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

45902

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 24th 1881
4. *Place of Birth, (Street and Number)* No. 2 Hammond Alley.
5. *Full Name of Mother,* Clara Jacobs.
6. *Mother's Maiden Name,* Clara Walton
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Henry Jacobs.
9. *Father's Occupation,* Mariner.
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Fleming

Address, No. 95 Albemarle St. Ld. (City)

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

113903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. *Sex (state whether male or female)* White female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born 24 February
4. *Place of Birth (Street and Number)* No 21 Hamburg St
5. *Full Name of Mother* Sarah Taylor
6. *Mother's Maiden Name* Sarah Elwood
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Amos Taylor
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos Miles Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45904

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female 3rd
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* 24th February 1881
4. *Place of Birth, (Street and Number)* No 4 Stockholm Street
5. *Full Name of Mother,* Georgeanna Augustas
6. *Mother's Maiden Name,* Georgeanna Belt
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Charles Augustas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Sarah Holly

Address, No 22 Stockholm Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1-5905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

(state whether Male or Female) Male

e or Color (if not of the white race) Colored Race

e of Birth February 24 1881

ce of Birth (Street and Number) Perry St 32

Name of Mother Sarah Weaver

her's Maiden Name Sarah Valliny

her's Birthplace Lankcaster Virginia

Name of Father Walter Weaver

her's Occupation Waiter

her's Birthplace Lankcaster Virginia

me of Medical Attendant, or other Person who makes this Return. Catharine Riley

dress 44 Wilkes St.

marks

RETURN OF A BIRTH.

15906

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27. February 1881
4. *Place of Birth (Street and Number)*	No 48. Harrison st.
5. *Full Name of Mother*	Emilie Frank
6. *Mother's Maiden Name*	Emilie Goulston.
7. *Mother's Birthplace*	Kurt, Polen
8. *Full Name of Father*	Simon Frank
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Kurt, Polen
Name of Medical Attendant, or other Person who makes this Return.	Dr. [illegible]
Address	No 26. [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45907

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday 24th, February 1881
4. *Place of Birth, (Street and Number)* S. W. Cor of Biddle & Harford Ave.
5. *Full Name of Mother,* Annie J. Berger
6. *Mother's Maiden Name,* Annie Raymond
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* Andrew Berger
9. *Father's Occupation,* Harnew maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton Md

Address, 257 Greenmont Ave.

Remarks, Breech Presentation

JOHN B. PIET, PRINTER & STATIONER, BALT.

45908

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex, (state whether male or female)* Female sex
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th Feb.
4. *Place of Birth, (Street and Number)* No 188 Hamburg St.
5. *Full Name of Mother,* Mrs. Eva Gottschalk
6. *Mother's Maiden Name,* Mrs. Eva Harth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Gottschalk
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Münch

Address, 8 Leadenhall St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

4.5909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	February 24th 1881
4. Place of Birth (Street and Number)	#235 Hanford Ave.
5. Full Name of Mother	Ryan Anniston Berger
6. Mother's Maiden Name	Mary Anniston Raymond
7. Mother's Birthplace	York Co Penn.
8. Full Name of Father	Andrew Jackson Berger
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Balto. City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wooden
Address	330 Eighth st.
Remarks	

of Vital Statistics in the City of Baltimore.

...cian, accoucheur, midwife, or other person in charge, who shall attend, assist or ...h of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ys thereafter, stating distinctly the date of birth, sex, and color of the child or children ... or their physical condition, whether still born or not, the full name, nativity, and residence ... the parents, and the maiden name of the mother of such child or children.

45910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th of February
4. *Place of Birth (Street and Number)* 223 Battery Avenue
5. *Full Name of Mother* Rosetta Louisa Skinner
6. *Mother's Maiden Name* Kirkwood
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Philemon Skinner
9. *Father's Occupation* Heater
10. *Father's Birthplace* Caroline Co.

Name of Medical Attendant, or other Person who makes this Return. Misses Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 45911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1891
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 Feb
4. *Place of Birth, (Street and Number)* Hull St
5. *Full Name of Mother* Sara E Wood
6. *Mother's Maiden Name* S E Howard
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James H Wood
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address No 13 Eutaw Street

Remarks

RETURN OF A BIRTH, 45912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* February 24th 1881
4. *Place of Birth, (Street and Number)* Hall's Alley
5. *Full Name of Mother* Virginia L. Chiles
6. *Mother's Maiden Name* Virginia L. Healey
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Chastain G. Chiles
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address 118 Eutaw Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE

5th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) —

1. Sex (~~state whether~~ Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth 24th Feby 1881

4. Place of Birth (Street and Number) 248 N Broadway

5. Full Name of Mother Mary E. Hughes

6. Mother's Maiden Name " " McCarty

7. Mother's Birthplace Md

8. Full Name of Father Henry J. Hughes

9. Father's Occupation Blacksmith

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Copple

Address 1 Waverly Terrace

Remarks

45914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febuary 24th/81
4. *Place of Birth (Street and Number)* 145 Barre st
5. *Full Name of Mother* Mary Rose Albaugh
6. *Mother's Maiden Name* Mary Rose Lincum
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Geo. Albaugh
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C. A Lewis

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Sixth

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) ~~White~~ ~~1881~~

3. *Date of Birth,* 24th Feby - 1881

4. *Place of Birth,* (*Street and Number*) Balto 463½ Saratoga St

5. *Full Name of Mother,* Florence E - Ornell

6. *Mother's Maiden Name,* " " " Stewart

7. *Mother's Birthplace,* " " " Baltimore

8. *Full Name of Father,* Frank "W" Ornell

9. *Father's Occupation,* Shirt Cutter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs - Mary Ledney

Address,

Remarks,

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 25th 1891
4. *Place of Birth, (Street and Number)* 483 W Fayette St
5. *Full Name of Mother,* Rosa Kyekel
6. *Mother's Maiden Name,* Rosa Clement
7. *Mother's Birthplace,* Va Virginia
8. *Full Name of Father,* Julius M. Kiekel
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 140 Lanvale st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
28
1891
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or ~~Female~~)* .....
2. *Race or Color (if not of the white race)* Blacke
3. *Date of Birth* Feb 25 '91
4. *Place of Birth (Street and Number)* Dallas St 47
5. *Full Name of Mother* Lutha A Payne
6. *Mother's Maiden Name* .....
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John Henry Payne
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. John A Schultz

Address .....

Remarks .....

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

45918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 25 91

4. *Place of Birth, (Street and Number)* 160 N Front St

5. *Full Name of Mother,* Mary A. Thalen

6. *Mother's Maiden Name,* " " Gallagher

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Thomas Thalen

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 169 N. Calvert St

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 45919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 1 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 February
4. *Place of Birth, (Street and Number)* 13 E. Lombard
5. *Full Name of Mother,* Lizzie Henis
6. *Mother's Maiden Name,* Burkhard
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Henis
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Loesser

Address, 52 E Lombard

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth February 25th 1881
4. Place of Birth (Street and Number) No 20 Holland St
5. Full Name of Mother Clara J Crawford
6. Mother's Maiden Name Marshall
7. Mother's Birthplace Baltimore
8. Full Name of Father George C Crawford
9. Father's Occupation Bacon Seller
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M S Diffenderffer M D

Address S Wright St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex (state whether male or female)* Boj
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* 25 February
4. *Place of Birth, (Street and Number)* 117 Langeste Street
5. *Full Name of Mother* Marie Dajas
6. *Mother's Maiden Name* Marzal
7. *Mother's Birthplace* Wongrowiec Germany
8. *Full Name of Father* Jojan Marzal
9. *Father's Occupation* — — — — —
10. *Father's Birthplace* Dancich Germany

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address Wolfe Street 295

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

45922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	febuary 25 1881
4. *Place of Birth (Street and Number)*	Baltimore Hill street 139
5. *Full Name of Mother*	Julia Smith
6. *Mother's Maiden Name*	Julia Boone
7. *Mother's Birthplace*	calvert county md
8. *Full Name of Father*	Lenard smith
9. *Father's Occupation*	Hard carry
10. *Father's Birthplace*	Caroline County
Name of Medical Attendant, or other Person who makes this return	Catharine Jones
Address	n° 2 spring garden ave
Remarks	X

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45923

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 of febuary
4. *Place of Birth (Street and Number)* Johnson St 184
5. *Full Name of Mother* Charlotte E Barnett
6. *Mother's Maiden Name* Charlotte E Amey
7. *Mother's Birthplace* Baltimore maryland
8. *Full Name of Father* James A Barnett
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Ducktown Dorchester county maryland

Name of Medical Attendant, or other Person who makes this Return. Hiram Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

459 24

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th Child

1. *Sex,* (*state whether male or female*) Boy

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* ~~Monday February 3rd~~ Friday 25th of May

4. *Place of Birth,* (*Street and Number*) 29 Ensor St.

5. *Full Name of Mother,* Elizabeth Meckle

6. *Mother's Maiden Name,* Elizabeth Schmidt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frederick Meckle

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 25½ Greenmount Ave

Remarks, "Vertex Presentation"

JOHN B. PIET, PRINTER & STATIONER, BALT.

45925

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Feb. the 25-1881
4. *Place of Birth, (Street and Number)* Sticks St Courtchoi.
5. *Full Name of Mother,* Harriett Brown.
6. *Mother's Maiden Name,* Harriett Owens.
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Henry Brown.
9. *Father's Occupation,* Sail Laden
10. *Father's Birthplace,* North Carolina.

Name of Medical Attendant, or other Person who makes this Return. Carline Anderson.

Address, No 53 Vincent Street.

Remarks, None

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eliza's first Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Born Friday Feb 25th 1881
4. *Place of Birth, (Street and Number)*	S. Caster street No 14
5. *Full Name of Mother,*	Eliza Collins
6. *Mother's Maiden Name,*	Eliza Watkins
7. *Mother's Birthplace,*	Born in Annarundle County Md.
8. *Full Name of Father,*	Edward Curtis Collins
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Northampton County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Susan Mangin
Address,	No. 47 St. Durham Street
Remarks,	Live Born in good health

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

15927

HEALTH DEPARTMENT
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 25 1881
4. *Place of Birth (Street and Number)*	662 W. Lombard St
5. *Full Name of Mother*	Jamie Taylor
6. *Mother's Maiden Name*	Eaton
7. *Mother's Birthplace*	Martinsburg W. Va.
8. *Full Name of Father*	Sidney B. Taylor
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins St.
Remarks	Twin baby

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th February
4. *Place of Birth, (Street and Number)* 246 South Paca St.
5. *Full Name of Mother,* Lizzie Lotz
6. *Mother's Maiden Name,* Lizzie Smith
7. *Mother's Birthplace,* Darmstadt
8. *Full Name of Father,* J. C. Lotz
9. *Father's Occupation,* Grocery Store
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, No 429 W. Pratt St.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26, 1891 6.45 P.M.
4. *Place of Birth (Street and Number)* 1513 E. Fort
5. *Full Name of Mother* Mary Margaret Snyder
6. *Mother's Maiden Name* Mary Margaret Warnick
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Max Snyder
9. *Father's Occupation* Clerk in the Balto. Post Office
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Edward E. Donnelly M.D.

Address 297 E. Baltimore Street,

Remarks

45930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February
4. Place of Birth (Street and Number)	141 Greenmount Ave
5. Full Name of Mother	Elizabeth Conn
6. Mother's Maiden Name	Elizabeth Remicker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm. T. Conn
9. Father's Occupation	Coal Dealer
10. Father's Birthplace	Balto. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter MD
Address	36 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 26 / 81
4. *Place of Birth, (Street and Number)* 178 Lexington St
5. *Full Name of Mother,* Mary Kemp.
6. *Mother's Maiden Name,* " Kelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jacob Kemp.
9. *Father's Occupation,* Baltimore Pedlar
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Edward O. McDevitt

Address, 169 N. Calvert St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 Feb 1881
4. *Place of Birth, (Street and Number)* 140 Arquith Street
5. *Full Name of Mother,* Mary Wardell
6. *Mother's Maiden Name,* Petters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wardell
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Wbig

Remarks, 48 Holland St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26. 1881
4. *Place of Birth (Street and Number)* 15 Etting Street
5. *Full Name of Mother* Susannah D. Nugent
6. *Mother's Maiden Name* " " Dixon
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* James Joseph Nugent
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mardenny Brewer M.D.

Address 68 McCulloh Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45934

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26" February
4. *Place of Birth, (Street and Number)* Baltimore 314 West Pratt. St
5. *Full Name of Mother,* Julia ~~Schmidt~~ Haesloop
6. *Mother's Maiden Name,* Julia Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dietrich S. Haesloop.
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharine Mann

Address, 8 Lardenfeld St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 26th 91
4. *Place of Birth, (Street and Number)*	755 Light St.
5. *Full Name of Mother,*	Lizzie Hamilton
6. *Mother's Maiden Name,*	~~Baltimore~~ " Liz. Strohman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Hamilton
9. *Father's Occupation,*	Tavern Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Work
Address,	328 S. Eutaw St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

45936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 26 1881
4. *Place of Birth (Street and Number)* 155 Bank St
5. *Full Name of Mother* Hannah yeager
6. *Mother's Maiden Name* Han Peacock
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles yeager
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Huckster

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address 93 Chester St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 15937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 26 th
4. *Place of Birth, (Street and Number)* Wolf st
5. *Full Name of Mother* Mary. Deaper
6. *Mother's Maiden Name* ..... Emge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August. Deaper
9. *Father's Occupation* Engnier
10. *Father's Birthplace* from Gottinger. Hanover

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Maurer 192 Bank st

45938

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 26th February
4. *Place of Birth, (Street and Number)* 80 Monguray st
5. *Full Name of Mother,* Emeline Robson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Roberson
9. *Father's Occupation,* Custom House
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 124 Warner st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 45939

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

Mother, (state whether 1st, 2d, 3d, &c.)	1st
her male or female)	Female
(if not of the white race)	White
	Feb 26 1881
, (Street and Number)	460 Monument St, City
Mother	S. E. Flaherty
n Name	S. E. Porter
place	Balto City
Father	W. Flaherty
ation	Clerk
place	Balto City
cal Attendant, or other Person who makes this Return.	Mary Walter
	12 S W Carolina

45940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First One.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Feb 27. 1881
4. *Place of Birth (Street and Number)* No 207. North Durham St
5. *Full Name of Mother* Mary Fountain
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Jones.
9. *Father's Occupation* Cart driver.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Elizabethe Foot

Address No 15 Stern St

Remarks Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45941

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* 0
3. *Date of Birth,* February 27 1881
4. *Place of Birth, (Street and Number)* No 412 E Madison St
5. *Full Name of Mother,* Florence W. Day
6. *Mother's Maiden Name,* Florence W. Walters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank P. Day
9. *Father's Occupation,* R. R. Contractor
10. *Father's Birthplace,* New Hampshire

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 251 McDonogh St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45942

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 27, 1881
4. *Place of Birth, (Street and Number)* No 123 Mulliken St
5. *Full Name of Mother,* Elizabeth A. Nelson
6. *Mother's Maiden Name,* Elizabeth A. Green
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. A. Nelson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Attwell

Address, 286 McDonough St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 27th 1881
4. *Place of Birth, (Street and Number)*	No 22 Resident Street
5. *Full Name of Mother,*	Eliza Croughan
6. *Mother's Maiden Name,*	Eliza Moran
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Croughan
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address,	No 952 Hanover Street (City)
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th February
4. *Place of Birth, (Street and Number)*	97 Elliott St
5. *Full Name of Mother,*	Catherine Byard
6. *Mother's Maiden Name,*	Catherine Sables
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John R. Byard
9. *Father's Occupation,*	Iron Worker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Miss Sarah Sullens
Address,	104 Curley St Canton
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

4594-5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* February 27. 1881
4. *Place of Birth (Street and Number)* Vincent Alley No 5
5. *Full Name of Mother* Becky Green
6. *Mother's Maiden Name* Becky Green.
7. *Mother's Birthplace* Ellicott City
8. *Full Name of Father* Samuel Green.
9. *Father's Occupation* Daily Laiber
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Hannah Brown.

Address No 53 Vincent Alley.

Remarks None.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115946

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sunday 2nd Feb 1891
4. *Place of Birth, (Street and Number)* No. 180 North Caroline Street
5. *Full Name of Mother* Mrs. Ellen M. Mearley
6. *Mother's Maiden Name* Miss Ellen M. Music
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Mr. Aquila A. Mearley
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. William H. Glendinning M.D.

Address No. 102 N. Broadway

Remarks

45947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Feby 27th '81
4. Place of Birth (Street and Number) 233 E. Balt. St.
5. Full Name of Mother Marion Chandler
6. Mother's Maiden Name Marion Hall
7. Mother's Birthplace Balt. City
8. Full Name of Father John Chandler
9. Father's Occupation Clerk
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John T. Monmonier M.D.

Address C. W. Colmet & Read M

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27th 1881
4. *Place of Birth (Street and Number)* 144 Bathy Avenue
5. *Full Name of Mother* Destamonia Gent
6. *Mother's Maiden Name* do Amey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Columbus Gent
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45949

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 27th 1881
4. *Place of Birth, (Street and Number)* 47 Harrison st
5. *Full Name of Mother,* Henny Levin
6. *Mother's Maiden Name,* " Ungerinski
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Levin
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 113 C. Lombard st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45960

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 27th 1881
4. *Place of Birth, (Street and Number)* 143 Forrest st
5. *Full Name of Mother,* Henrietta Eisenheim
6. *Mother's Maiden Name,* " Sakoloki
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Heiman Eisenheim
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Bernstein

Address, 113 E Lombard st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 27th 1881

4. *Place of Birth, (Street and Number)* No 365 E Lombard St.

5. *Full Name of Mother,* Margaret Bowling

6. *Mother's Maiden Name,* Margaret Brozius

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* James Bowling

9. *Father's Occupation,* Saloon Keeper

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Eliza Flemming

Address, No 95 E Monument Street (City)

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45952

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether Male or Female)	Male – STANLEY E. TUDOR
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 2nd 1881
4. Place of Birth (Street and Number)	154 Harlem Ave
5. Full Name of Mother	Maggie B. Tudor
6. Mother's Maiden Name	Maggie B. Getty
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph A. Tudor
9. Father's Occupation	Banking
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Ulrich M. D.
Address	234 W. Fayette St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geborenden 27ten Februwar
4. *Place of Birth, (Street and Number)* No 286 S. Dallas Str
5. *Full Name of Mother,* Antone Petzel
6. *Mother's Maiden Name,* Antone Fischer
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Charles Petzel
9. *Father's Occupation,* Intrumentenmaher
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

459514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1901 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 27th.
4. *Place of Birth, (Street and Number)*	24 S. Appleton St. Balto City
5. *Full Name of Mother,*	Margret E. Young
6. *Mother's Maiden Name,*	" E. Hooton
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Rubin Smith.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Corrigan
Address,	435 N. McCulloh St.
Remarks,	A Twin little baby.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45955

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 27th
4. *Place of Birth, (Street and Number)* 84 Payson St. Balto City
5. *Full Name of Mother,* Margret E. Fowler
6. *Mother's Maiden Name,* " " Hadell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Fowler
9. *Father's Occupation,* An Engineer for B. & O. R.R.
10. *Father's Birthplace,* Howard County Md.

Name of Medical Attendant, or other Person who makes this Return. M. J. Lowman

Address, 485 W. Mc Henry St

Remarks, Very fine baby

Extract Regulations of the Board of Health to secure a full [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

15956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child and 1 Mother

1. *Sex (state whether male or female)* male

2. *Race or Color (if not of the white race)* the white race

3. *Date of Birth* Born on the 27 of May

4. *Place of Birth (Street and Number)* Madeira Alley No 15

5. *Full Name of Mother* Catharina Thelen

6. *Mother's Maiden Name* Catharina Schuman

7. *Mother's Birthplace* Born in Baltimore

8. *Full Name of Father* William Thelen

9. *Father's Occupation* None Moulder by trade

10. *Father's Birthplace* Born in Cincinnati Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Thelen

Address No 37 Madeira Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1891
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 27th 1891
4. Place of Birth (Street and Number)	240 E Biddle st
5. Full Name of Mother	Emma Hall
6. Mother's Maiden Name	Norwood
7. Mother's Birthplace	Balto.
8. Full Name of Father	Saml Hall
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	M. B. Billingslea
Address	256 E. Biddle st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

45958

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 27. 1881
4. *Place of Birth, (Street and Number)*	22 Mango St Balt
5. *Full Name of Mother,*	Anna Quenn
6. *Mother's Maiden Name,*	[illegible] Seild
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Quenn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Catharine Seebach
Address,	439 west Pratt St Balt
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics of the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

~~27959~~ 45959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-N

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 27. 1881.
4. *Place of Birth, (Street and Number)* 9 New St
5. *Full Name of Mother,* Barbara Sheave
6. *Mother's Maiden Name,* Beane
7. *Mother's Birthplace,* Penna -
8. *Full Name of Father,* Lewis Sheave
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ida Sadler.

Address, 11 New St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

45960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 St

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Light
3. *Date of Birth* 27 February
4. *Place of Birth (Street and Number)* Baltimore City. No 63. Plum Alley
5. *Full Name of Mother* Gracy Ann Brown
6. *Mother's Maiden Name* Gracy Ann Brooks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W Brown
9. *Father's Occupation* Brick Layer Maker
10. *Father's Birthplace* Virginia Pa

Name of Medical Attendant, or other Person who makes this return Aberlan Brooks

Address 210 S. Warner St

Remarks Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45961

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 27. 1881
4. *Place of Birth, (Street and Number)* Minion Stv. 22.
5. *Full Name of Mother,* Annie Quenn
6. *Mother's Maiden Name,* " Seibel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Quenn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Ms. Seebach. 439. W. Pratt Stv.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 27th February
4. *Place of Birth (Street and Number)* 22. E. Lombard st
5. *Full Name of Mother* Mary Cecilia Miles
6. *Mother's Maiden Name* " " Mc. Gee
7. *Mother's Birthplace* Boonsboro Washington Co. Md
8. *Full Name of Father* William Wilson Miles
9. *Father's Occupation* odorless excavator
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this return P. G. Dausch M.D.

Address 27 N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45963

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 15 1881
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* Feb. 27, 1881
4. *Place of Birth, (Street and Number)* 421 N. Central Ave
5. *Full Name of Mother,* Lucy Stewart
6. *Mother's Maiden Name,* " Tisdall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lafayette Stewart
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address, 347 N. Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-5964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 28th 1881
4. *Place of Birth, (Street and Number)* 73 S. Register st
5. *Full Name of Mother,* Lottie Frampton
6. *Mother's Maiden Name,* " Bucher
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Otis Frampton
9. *Father's Occupation,* Professor of Dancing
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Bank st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1901
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28th 1881
4. *Place of Birth (Street and Number)* 393 N. Central Ave
5. *Full Name of Mother* Carrie Terral
6. *Mother's Maiden Name* " Cumberland
7. *Mother's Birthplace* New York City
8. *Full Name of Father* John R. Terral
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby

Address 319 N. Central Ave

Remarks

Extract Regulations of the [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* ~~[illegible]~~ Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 28 January 1881
4. *Place of Birth, (Street and Number)* 33 Judy
5. *Full Name of Mother* Feby Cornell
6. *Mother's Maiden Name* Feby Gordon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robbert Daniel
9. *Father's Occupation* Porter
10. *Father's Birthplace* Lynch Burg Ma

Name of Medical Attendant, or other Person who makes this Return. Rosetta

Address William 70 Chesnut Iden

Remarks Mother [illegible] Child [illegible]

RETURN OF A BIRTH

45967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 28th 1881
4. *Place of Birth, (Street and Number)* 81 S. Washington St
5. *Full Name of Mother,* Annie Dorn
6. *Mother's Maiden Name,* Annie Rau
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Dorn
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 52 E. Lombard St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

45968

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday, Feb. 21. 1881
4. *Place of Birth, (Street and Number)*	118 E. Chase St.
5. *Full Name of Mother,*	Mollie Brady
6. *Mother's Maiden Name,*	Mollie Grebe
7. *Mother's Birthplace,*	York, Pa.
8. *Full Name of Father,*	John Brady
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	York, Pa.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	25½ Guilford Ave
Remarks,	Baby Presentation

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 28 1881
4. *Place of Birth, (Street and Number)* E Lombard st. No 307
5. *Full Name of Mother,* Kath. Lamkusler
6. *Mother's Maiden Name,* Ratsmann
7. *Mother's Birthplace,* Baern
8. *Full Name of Father,* Albert Lamkusler
9. *Father's Occupation,* Schoemacker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Raubach

Address, S. Wolf No 14

Remarks, Midwife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th Feb.
4. Place of Birth (Street and Number) 65 South Chester St.
5. Full Name of Mother Hannah Hands Neiley
6. Mother's Maiden Name Hands
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Wilson Neiley
9. Father's Occupation Car Maker
10. Father's Birthplace Bangor Maine

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address 406 E. Balto. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1911 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th Feb.
4. Place of Birth (Street and Number)	65 South Chester St.
5. Full Name of Mother	Hannah Hands Neiley
6. Mother's Maiden Name	Hands
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Wilson Neiley
9. Father's Occupation	Car Maker
10. Father's Birthplace	Bangor Maine
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	406 E. Balto. St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1831 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 28 Feb
4. *Place of Birth, (Street and Number)* No 321 N Gay St
5. *Full Name of Mother* Rachel Mein
6. *Mother's Maiden Name* Rachel Goldmann
7. *Mother's Birthplace* Reuchen Bohlen
8. *Full Name of Father* S Goldman
9. *Father's Occupation* Bis
10. *Father's Birthplace* Reuchen Bohlen

Name of Medical Attendant, or other Person who makes this Return.

Address Mio Cristina

Remarks Lauer 179 Harford 1881

45972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 28th 1881
4. *Place of Birth (Street and Number)* 110 S Chester St
5. *Full Name of Mother* Emma H. Dugent
6. *Mother's Maiden Name* Emma H. Lutz
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm. Dugent
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. G. L. Wyckoff

Address [illegible]

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Febuary
4. *Place of Birth, (Street and Number)* No 105 Granby St
5. *Full Name of Mother,* Maygrette Galli
6. *Mother's Maiden Name,* Amline
7. *Mother's Birthplace,* Coal norden
8. *Full Name of Father,* Peter Galli
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Coal norden

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN B. ELLIS, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

45974

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 28ten Februar
4. *Place of Birth, (Street and Number)* No 73 ~~S. Dallas Str~~ Langoaster Str
5. *Full Name of Mother,* Pauline Rappirus
6. *Mother's Maiden Name,* Pauline Reisberg
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Wilhelm Rappirus
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197. S. Dallas Str

Remarks, Hemme

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 28th 1881
4. *Place of Birth (Street and Number)* No 127 York St
5. *Full Name of Mother* Laura Frazier
6. *Mother's Maiden Name* Laura Burke
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Frazier
9. *Father's Occupation* Laborour
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this return Caroline Moore

Address rear No 112 Hill St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46976

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* mal
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* feb 28 1881
4. *Place of Birth, (Street and Number)* 12 durkin alley
5. *Full Name of Mother* Sarah L Ferguson
6. *Mother's Maiden Name* Sarah L Mack
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* ~~Same~~ Samuel L Ferguson
9. *Father's Occupation* Labrer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Evans 153

Address Collington ave

Remarks

RETURN OF A BIRTH.

45977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 28. 1881
4. *Place of Birth (Street and Number)*	5 S. Eden St
5. *Full Name of Mother*	Louisa Groth.
6. *Mother's Maiden Name*	Louisa Hood
7. *Mother's Birthplace*	Kentucky
8. *Full Name of Father*	William Groth.
9. *Father's Occupation*	Varnisher
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck MD
Address	95 E Baltimore St
Remarks	

Extract Regulations of the Board of Health in relation to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Ch

1. *Sex, (state whether male or female)* Grile
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* No 347 Shambury
4. *Place of Birth, (Street and Number)* 28 Feber 1881
5. *Full Name of Mother,* Mary Badsold
6. *Mother's Maiden Name,* Mary Brouse
7. *Mother's Birthplace,* Germeny
8. *Full Name of Father,* Cristen Brouse
9. *Father's Occupation,* Shoemacker
10. *Father's Birthplace,* Germeny

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary Nazareus

Remarks, Russell Sr 1670

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* febuary 28th 1881
4. *Place of Birth (Street and Number)* 65 elbolane
5. *Full Name of Mother* Georgeaner queen
6. *Mother's Maiden Name* Georgeaner pierse
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Zachariah queen
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary ann dorsey

Address 64 elbolane

Remarks five dollars

45980

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28/81
4. *Place of Birth, (Street and Number)* 417 N Gilmore St
5. *Full Name of Mother,* Sarah F Richardson
6. *Mother's Maiden Name,* " " Gemmill
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Charles J Richardson
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Hegeler MD

Address, N W Co Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45981

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th February 1881
4. *Place of Birth, (Street and Number)* 240 Pierce St.
5. *Full Name of Mother,* Elizabeth White
6. *Mother's Maiden Name,* Elizabeth Hawthorne
7. *Mother's Birthplace,* Westchester Chester Co. Pa
8. *Full Name of Father,* William Charles White
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address, North Shröeder St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ 11th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Feby, 28/881.
4. Place of Birth (Street and Number) 42 S. Exeter St
5. Full Name of Mother Caroline Draschner
6. Mother's Maiden Name " Hoffman
7. Mother's Birthplace Md.
8. Full Name of Father Herman Draschner
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. T. Shertzer M.D.

Address 11 S High St

Remarks The largest dutch baby in Balto

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuay 8th 1881
4. Place of Birth (Street and Number)	No. 11. East Biddle street
5. Full Name of Mother	Eveline Knapp
6. Mother's Maiden Name	Eveline Crane
7. Mother's Birthplace	Erie Pennsylvania
8. Full Name of Father	John Knapp
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	437 N. Central Ave
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

115984

HEALTH DEPARTMENT 1914 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Coloard
3. *Date of Birth,* March 14th
4. *Place of Birth,* (*Street and Number*) Baltimore City N. Bethel St No 117
5. *Full Name of Mother,* Louria ~~Moore~~ Davis
6. *Mother's Maiden Name,* Leauria Moore
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* James H. Davis
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Haywood

Address, No 309 Orleans St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 1st 1881.
4. *Place of Birth, (Street and Number)* 466 N. Carey St.
5. *Full Name of Mother* Sophia Elizabeth Gettier
6. *Mother's Maiden Name* Daley
7. *Mother's Birthplace* Balto. City Md
8. *Full Name of Father* Frank E. Gettier
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. City Md

Name of Medical Attendant, or other Person who makes this Return. J. W. Christian M.D.

Address 431. Penna. Ave

Remarks

RETURN OF A BIRTH

4.5986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st
4. *Place of Birth, (Street and Number)* No 572
5. *Full Name of Mother,* Mary A Walter
6. *Mother's Maiden Name,* Mary A Theil
7. *Mother's Birthplace,* Balt city Md
8. *Full Name of Father,* John F Walter
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles St

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

45987

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1st March 1881
4. *Place of Birth, (Street and Number)* 132 N. Carolina St
5. *Full Name of Mother,* Rosana Hill
6. *Mother's Maiden Name,* Rosana Nicolas
7. *Mother's Birthplace,* Bristol England
8. *Full Name of Father,* George Hill
9. *Father's Occupation,* Steward Vessel
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Backer

Address, No 15 S Duncan Alley

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45988

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1st 1881
4. *Place of Birth, (Street and Number)* 19 Register St.
5. *Full Name of Mother,* Louise Barney
6. *Mother's Maiden Name,* Louise Harris
7. *Mother's Birthplace,* Talbot County
8. *Full Name of Father,* Geo Barney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Mackey

Address, 15 Duncan Alley

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

#5989

HEALTH DEPARTMENT
4
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 1, 1881
4. *Place of Birth (Street and Number)*	43 S. Stricker st
5. *Full Name of Mother*	Henrietta A. Yewell
6. *Mother's Maiden Name*	Gray
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Thomas Yewell
9. *Father's Occupation*	Helper in M. Clave Foundry
10. *Father's Birthplace*	Annapolis
Name of Medical Attendant, or other Person who makes this Return.	Asher Hadley M.D.
Address	322 Hollins st.
Remarks	Twin babe

45990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st. 1st A.M. 1881
4. *Place of Birth (Street and Number)* 97 S. Chester St
5. *Full Name of Mother* Sophia Wilson Austin
6. *Mother's Maiden Name* Sophia W. Harrington
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Thomas Austin
9. *Father's Occupation* Stove Finisher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nancy E. Dunnelle MD

Address 299 E Baltimore Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1881
4. Place of Birth (Street and Number)	190 Greenmt Ave
5. Full Name of Mother	Jennie Kline fellter
6. Mother's Maiden Name	" Anderson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jerry Kline fellter
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter MD
Address	36 Greenmt Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
5
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1rst 1881
4. Place of Birth (Street and Number)	Baltimore. Hill St No 13
5. Full Name of Mother	Kate Welch
6. Mother's Maiden Name	" Fahey
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Welch
9. Father's Occupation	works in the gas house
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220. Montgomery St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

45993

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9. Childe

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* March the 1. 1881
4. *Place of Birth, (Street and Number)* 149 yark street
5. *Full Name of Mother,* Carline Retcur
6. *Mother's Maiden Name,* Carline Bamk
7. *Mother's Birthplace,* Eston show Malon
8. *Full Name of Father,* Game Bamk
9. *Father's Occupation,* Harde carry
10. *Father's Birthplace,* Eston show Malon

Name of Medical Attendant, or other Person who makes this Return. Willey Gross

Address, 181. yark street - 1881

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

45994

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10. Child

1. *Sex, (state whether male or female)* Male Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* March The 7 1881.
4. *Place of Birth, (Street and Number)* 231 Eutaw street
5. *Full Name of Mother,* Luisa Pommer
6. *Mother's Maiden Name,* Luisa Chamley
7. *Mother's Birthplace,* Estom Show for finger
8. *Full Name of Father,* Robbet Pommer
9. *Father's Occupation,* Dranner
10. *Father's Birthplace,* Estom Show for finger

Name of Medical Attendant, or other Person who makes this Return, Milley Gross

Address, 181. yarle street 1881

Remarks,

Record of Vital Statistics in ...

That any Physician, accoucheur, midwife, or other person, ... assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

15995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female) female

Race or Color, (if not of the white race) white race

Date of Birth March the first

4. *Place of Birth, (Street and Number)* Baltimore Battery Pl No 239

5. *Full Name of Mother* Magey Bald

6. *Mother's Maiden Name* Magey Cook

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George Bald

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hatton

Address William St No 394

Remarks

e City of Baltimore.

n charge who shall

RETURN OF A BIRTH

45996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 March
4. *Place of Birth, (Street and Number)* 163 S Eden
5. *Full Name of Mother,* Mari Schmidt
6. *Mother's Maiden Name,* Ritscher
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Sebastian Schmidt
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Jane Casper

Address, 52 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45997

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 March
4. *Place of Birth, (Street and Number)* 5 Blowman
5. *Full Name of Mother,* Kath. Ritter
6. *Mother's Maiden Name,* Candle
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Ritter
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45998

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 March
4. *Place of Birth, (Street and Number)* 18 Granby
5. *Full Name of Mother,* Rica Epstein
6. *Mother's Maiden Name,* Panter
7. *Mother's Birthplace,* Rusia
8. *Full Name of Father,* Bernhard Epstein
9. *Father's Occupation,* Pedle
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

HEALTH DEPARTMENT BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45999

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st March 1881
4. *Place of Birth, (Street and Number)* Balto. Duncan 452 N.
5. *Full Name of Mother,* Ka. Bondar
6. *Mother's Maiden Name,* Ka. Bondar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Fa. Bondar
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptist

Address, 56 Washington st

Remarks, Mary Koptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Returns of Vital Statistics the life City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46000

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* 1st March 1881
4. *Place of Birth, (Street and Number)* Balto. Chapel at No
5. *Full Name of Mother,* Rosa Kapetan
6. *Mother's Maiden Name,* Rosa Lakas
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jo. Kapetan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kapitsh

Address, 69 Washington st

Remarks, Mary Kapitsh

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Poland
3. *Date of Birth*	March 2nd 1881
4. *Place of Birth (Street and Number)*	33 burgundy alley
5. *Full Name of Mother*	Mary Gale
6. *Mother's Maiden Name*	mary jones
7. *Mother's Birthplace*	princes anne co
8. *Full Name of Father*	William J Gale
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	princess anne co
Name of Medical Attendant, or other Person who makes this Return.	mary ann dorsey
Address	64 elbow lane
Remarks	five dollars

46002

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th of March 1881
4. *Place of Birth, (Street and Number)* 192 Hollins St
5. *Full Name of Mother,* Maggie Haigle
6. *Mother's Maiden Name,* " " Rice
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank. Haigle
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No 45 S. Monroe St.

Remarks,

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46003

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1/81
4. *Place of Birth, (Street and Number)* 95 S. Carolina Str.
5. *Full Name of Mother,* Mary E. Thomas
6. *Mother's Maiden Name,* " " Roberts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wesley Thomas ~~Dorchester Co. Md.~~
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Mansfield

Address, 117 S. Broadway

Remarks,

Extract Regulations of the Board of Health to Secure a Full Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 3, 1, 81
4. *Place of Birth (Street and Number)* 673 Madison ave
5. *Full Name of Mother* Ida Miller
6. *Mother's Maiden Name* Lister
7. *Mother's Birthplace*
8. *Full Name of Father* Horace Miller
9. *Father's Occupation* Merchant
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46005

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1891 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 1st 1891

4. *Place of Birth, (Street and Number)* 2 Young St

5. *Full Name of Mother,* Jennie King

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* James Howard

9. *Father's Occupation,* Gold beater

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. D. Shutt M.D.

Address, 142 N. Exeter St

Remarks, Position L. O.A. Color Natural

46006

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored.

3. *Date of Birth* March first 1881.

4. *Place of Birth* (Street and Number) 88 Church Alley

5. *Full Name of Mother* Martha Sedgwick.

6. *Mother's Maiden Name* Martha Johnson.

7. *Mother's Birthplace* Bal. County Md.

8. *Full Name of Father* Wm. Sedgwick.

9. *Father's Occupation* Drayman.

10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mary E. Dickerson.

Address 108 Leadenhall Alley.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex, (state whether male or female)*	Female Rose Emma Mehling
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 1st 1881
4. *Place of Birth, (Street and Number)*	Cor Harford Ave & Aisquith st
5. *Full Name of Mother,*	Rosa E. Mehling
6. *Mother's Maiden Name,*	" " Eberle
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry W. Mehling
9. *Father's Occupation,*	Farmer Baker
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other Person who makes this Return.	Regina M. Winter
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

46008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* 3 Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 1 1881
4. *Place of Birth (Street and Number)* Stricker st No 61
5. *Full Name of Mother* Sarah C ~~Bye~~ Bye
6. *Mother's Maiden Name* Sarah C Coville
7. *Mother's Birthplace* Elicots Cittey
8. *Full Name of Father* Edward Bye
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Cumberland M S

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly Formley Mrs S Lahrey

Address 792 Pratt st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 1 1881
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 1881
4. *Place of Birth (Street and Number)* No 152 McHenry St
5. *Full Name of Mother* Mary Ryan
6. *Mother's Maiden Name* Mary Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Ryan
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. Jno. Myers

Address No 152 McHenry St Baltimore

Remarks

46010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 1881
4. *Place of Birth (Street and Number)* Mc Henry st N
5. *Full Name of Mother* Ellen Layer
6. *Mother's Maiden Name* Ellen Sworing
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Layer
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley Lowndes Mrs Lahuge

Address 792 Pratt st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1881
4. *Place of Birth, (Street and Number)* N 79 Park ave
5. *Full Name of Mother,* Sidney Calhoun Harris
6. *Mother's Maiden Name,* Sidney Calhoun Patterson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. Hall Harris
9. *Father's Occupation,* Attorney at Law
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D

Address, N 114 Park ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46012

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 4th 1881.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 2nd 1881.
4. *Place of Birth, (Street and Number)* 127 Cor. Gough & Register St.
5. *Full Name of Mother* Elizabeth Schuppel.
6. *Mother's Maiden Name* Elizabeth Reborick.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Schuppel.
9. *Father's Occupation* Cigar maker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

Address No. 127 S. Wolfe St.

Remarks A N C

46013

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~Black~~ Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* March 2 1891
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Jennie Anderson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown M.D.

Address, Maternite Hospital

Remarks, All O.K.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

460114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1951 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2 1951
4. *Place of Birth, (Street and Number)* Mercy Hospital
5. *Full Name of Mother,* Mary Clark
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. J. M. Brown M.D.

Address, Mercy Hospital

Remarks, Living well.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 015

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 2 March
4. *Place of Birth, (Street and Number)* 42 Hurbert St
5. *Full Name of Mother* Annie Mary
6. *Mother's Maiden Name* Annie Maugst
7. *Mother's Birthplace* Germna
8. *Full Name of Father* Jonas Mary
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Germna

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address No 13 Clinton Street

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 2. 1891.
4. *Place of Birth (Street and Number)*	345 N. Bond St.
5. *Full Name of Mother*	Mary E. Raye
6. *Mother's Maiden Name*	Mary E. Stiles.
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Charles H. Ray
9. *Father's Occupation*	Bacon Dealer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. W. Houck M.D.
Address	95 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 2. 1881.
4. *Place of Birth, (Street and Number)*	No. 69. Penna Ave.
5. *Full Name of Mother,*	Mrs Jacob Betzenberger.
6. *Mother's Maiden Name,*	Mary Müeller.
7. *Mother's Birthplace,*	Prussia.
8. *Full Name of Father,*	Jacob Betzenberger.
9. *Father's Occupation,*	Saloon Keeper.
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return	A. Rickert, M.D.
Address,	# 32a Penna. Ave.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4-6018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 2, 1891
4. *Place of Birth, (Street and Number)* S. Dallas St. No. 109.
5. *Full Name of Mother,* Elisabetha Marquard
6. *Mother's Maiden Name,* Elisabetha Maiser
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wilhelm Marquard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hanover, Kr. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT MAR 4 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#16019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March the 2, 1881

4. *Place of Birth, (Street and Number)* N. Dallas St. No 46,

5. *Full Name of Mother,* Henriette Schäfer

6. *Mother's Maiden Name,* Henriette Gärdner

7. *Mother's Birthplace,* Clausthal, N. Preussen, Germany

8. *Full Name of Father,* Friedrich Schäfer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Eutzell, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Mullen

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

4.6020

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3rd 2d 1881
4. *Place of Birth, (Street and Number)* N° 5 Jackson ~~221 McCullough St~~ Square
5. *Full Name of Mother* Emma Johnson
6. *Mother's Maiden Name* Emma Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Johnson
9. *Father's Occupation* Coal Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Riley M D

Address 306 Madison Avenue.

Remarks

46021

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 March
4. *Place of Birth, (Street and Number)* 4 Herings Court
5. *Full Name of Mother,* Kat. Linert
6. *Mother's Maiden Name,* Wehr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Linert
9. *Father's Occupation,* Schumacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carpier

Address, 82 E Lombard

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

460221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 March
4. *Place of Birth, (Street and Number)* 239 E Lombard
5. *Full Name of Mother,* Magi Schiller
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Fred Schiller
9. *Father's Occupation,* Mashinist
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46023

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (first)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd 1881
4. *Place of Birth, (Street and Number)* Paca & Pratt Sts (Reid's Hotel)
5. *Full Name of Mother,* Mary Ellis Thompson
6. *Mother's Maiden Name,* Mary E. Wilson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jas W. Thompson
9. *Father's Occupation,* Traveling Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return J. A. Gilliss M.D.

Address, 150 N Eutaw St

Remarks,

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2. 81.
4. *Place of Birth, (Street and Number)* Dover Str. 180.
5. *Full Name of Mother,* Elisabeth Knierim
6. *Mother's Maiden Name,* Schick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nickolas Knierim
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. Seebach No. 439. W. Pratt Str.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46025

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2. 1881
4. *Place of Birth, (Street and Number)* S. Charles Sts No 126.
5. *Full Name of Mother,* Lizzi Keyser Bradley
6. *Mother's Maiden Name,* " Keyser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clerk Frank. Bradley
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach. No 439. W. Pratt St.

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46026

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2d of Mearch 1881
4. *Place of Birth, (Street and Number)* 63 E Fayette St
5. *Full Name of Mother,* Katie Manahan
6. *Mother's Maiden Name,* — — Burns
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Manaham
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Ulbig

Remarks, 28 Holland St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46027

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2 cd 1881
4. *Place of Birth, (Street and Number)* No - Jinkins lane
5. *Full Name of Mother,* Caroline Reihnhard
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harman Reihnhard
9. *Father's Occupation,* Brushmaker
10. *Father's Birthplace,* Curr hessen Ger.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt.

Address, No. 185 S. E. cor. Centrel av & Monument St ~~St~~

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2nd 1881
4. Place of Birth (Street and Number)	152 W Madison St
5. Full Name of Mother	Julianna Thruston Booker
6. Mother's Maiden Name	" " Manning
7. Mother's Birthplace	Cumberland Md
8. Full Name of Father	Hm Davis Booker
9. Father's Occupation	Physician
10. Father's Birthplace	Prince Edward Co Va
Name of Medical Attendant, or other Person who makes this Return.	W D Booker
Address	152 W Madison St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 2d 1881
4. *Place of Birth, (Street and Number)*	159 Columbia Av.
5. *Full Name of Mother,*	Mollie Mohlhenricke
6. *Mother's Maiden Name,*	" Wehrner.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Henry Mohlenricke
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address,	152 S. Sharp St.
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2. 1881
4. *Place of Birth, (Street and Number)* E. Pratt str No 274
5. *Full Name of Mother,* Kathe Kommet
6. *Mother's Maiden Name,* Rede
7. *Mother's Birthplace,* Kinks Co. Eierland
8. *Full Name of Father,* Johan Kommet
9. *Father's Occupation,* Policist
10. *Father's Birthplace,* Kerre Co Eierland

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raubach

Address, South Wolf str No 14

Remarks, Midwife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2nd 94
4. *Place of Birth, (Street and Number)* 31 N Libety St.
5. *Full Name of Mother,* Mary Lewis
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas H Lewis
9. *Father's Occupation,* Preacher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. C. W. Miller M.D.

Address, 89 N. Greene St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

460321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1901
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12. des Kindes

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 3ten März
4. *Place of Birth, (Street and Number)* No 54 Rose Str
5. *Full Name of Mother,* Magdalene Haas
6. *Mother's Maiden Name,* Magdalene Klug
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Conrad Haas
9. *Father's Occupation,* Schreiner
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Rauschmann

Address, No 197 S. Dallas Str

Remarks, Hebamme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3rd
4. *Place of Birth, (Street and Number)* 363 South Eutaw St
5. *Full Name of Mother,* Mrs Leana Schafer
6. *Mother's Maiden Name,* Leana Albrecht
7. *Mother's Birthplace,* Prussia Germona
8. *Full Name of Father,* George Schafer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Prussia Germonia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, 328 South Eutaw st

Remarks, Dide March 5th of Spasums at 7 A M

Undertaker Julius Koehler

JOHN B. PIET, PRINTER & STATIONER, BALT.

46034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. ~~A~~ March 6th 1881

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colea
3. Date of Birth March 3th 1881
4. Place of Birth (Street and Number) No 8 Miers Coat
5. Full Name of Mother Emmer Brown
6. Mother's Maiden Name " ~~Ct~~ Cole
7. Mother's Birthplace ~~Ex~~ Essex Co. Va
8. Full Name of Father Frank ~~Cole~~ Brown
9. Father's Occupation Nad Carer
10. Father's Birthplace Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. "Dro Cook Hanover St"

Address ~~No~~ Mid. wife Mary S. Dennis

Remarks No 21 peach alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116035

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third —
1. *Sex (state whether Male or Female)*	male.
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 3d 1881
4. *Place of Birth (Street and Number)*	330 E. Lombard St
5. *Full Name of Mother*	Mary Rebecca German
6. *Mother's Maiden Name*	Mary R. Callender
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	John — German
9. *Father's Occupation*	stone plasterer
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Irving Miller M D
Address	179 E Monument St
Remarks	

RETURN OF A BIRTH

H 6036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3rd
4. *Place of Birth, (Street and Number)* No 38 Camden st.
5. *Full Name of Mother,* Anna Roch.
6. *Mother's Maiden Name,* Schröder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Roch
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st.

Remarks,

JOHN B. PICT. PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 3rd 1881.
4. *Place of Birth (Street and Number)*	Higham St, 4th door west of Gammon
5. *Full Name of Mother*	Mrs Rosa Mackessy
6. *Mother's Maiden Name*	Miss Rosa O'Neil
7. *Mother's Birthplace*	Baltimore City.
8. *Full Name of Father*	Mr John Mackessy
9. *Father's Occupation*	Iron Worker.
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel A Garrett
Address	
Remarks	No 63 Burke St.

RETURN OF A BIRTH

11-6038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 3, 1881.
4. *Place of Birth, (Street and Number)* E. Baltimore St. N° 271
5. *Full Name of Mother,* Barbara Weber
6. *Mother's Maiden Name,* Barbara Richter
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Heinrich Weber
9. *Father's Occupation,* Merchant Taylor
10. *Father's Birthplace,* Schwarzenborn, N. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. N° 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

46039

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1931
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colard
3. Date of Birth march 3
4. Place of Birth (Street and Number) 19 Lenkeys & ally city
5. Full Name of Mother Elizabeth Compson
6. Mother's Maiden Name
7. Mother's Birthplace Easton Md
8. Full Name of Father Samual meads Cochman
9. Father's Occupation
10. Father's Birthplace Calvert Co md
Name of Medical Attendant, or other Person who makes this Return. lucy Cornish
Address
Remarks

Earliest registration of ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	second
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3d 1881.
4. Place of Birth (Street and Number)	538 Lexington street
5. Full Name of Mother	Kate G. Whittemore
6. Mother's Maiden Name	Kate G. Nichols.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. B. Whittemore
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	437. N. Central Ave.
Remarks	

46041

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 3rd 1881
4. *Place of Birth, (Street and Number)* 26 Hill St
5. *Full Name of Mother,* Emma Sackerman
6. *Mother's Maiden Name,* Emma Coblens
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gabriel M. Sackerman
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke Mr

Address, 146 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 3rd March 1881
4. Place of Birth (Street and Number) 22 3 N. Dallas.
5. Full Name of Mother Anna Julia Booth
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Jno G. Jay M.D.

Address Park Ave & Mulberry St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 3 - 1881
4. *Place of Birth (Street and Number)* 131 Lexington St.
5. *Full Name of Mother* Sarah H. Moore
6. *Mother's Maiden Name* — Guyton
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* H. C. Moore
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address 4 Calle Drae St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46044

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)* White
2. *Race or Color, (if not of the white race)* March 3/81
3. *Date of Birth,* 39 McHenry St
4. *Place of Birth, (Street and Number).* Mary Bost
5. *Full Name of Mother,* Willis
6. *Mother's Maiden Name,* " Talbot Co Md
7. *Mother's Birthplace,* John Bost
8. *Full Name of Father,* Machinist
9. *Father's Occupation,* Balt Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. A L Spicer Md

Address, 387 W. Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Over

46045

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

Name: Joseph Leon Croney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3 1881
4. *Place of Birth, (Street and Number)* No. 245 N. Wolfe St
5. *Full Name of Mother,* Minnie G. Croney
6. *Mother's Maiden Name,* Minnie G. (Vaughn) Wonm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Croney
9. *Father's Occupation,* Sail maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary J. Attwell

Address, 126 McDonough St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3 1891
4. Place of Birth (Street and Number)	253 W. Fayette St.
5. Full Name of Mother	Gertrud Raphael
6. Mother's Maiden Name	Gertrud Samuel
7. Mother's Birthplace	Russia
8. Full Name of Father	Isaac Raphael
9. Father's Occupation	Merchant
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	A R Arnold MD
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3d 81
4. *Place of Birth, (Street and Number)*	# 294 Cross st
5. *Full Name of Mother,*	Mary Barret
6. *Mother's Maiden Name,*	Mary Crumpton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Barret
9. *Father's Occupation,*	Fish dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address,	328 S Eutaw St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 6045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 3rd 1881
4. *Place of Birth, (Street and Number)*	24. Short St
5. *Full Name of Mother,*	Isabella Pratt
6. *Mother's Maiden Name,*	Isabella Hollis
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles Pratt
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	# 5 Barrett St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46044

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 3 — 1881

4. Place of Birth (Street and Number) 322 Canton Av.

5. Full Name of Mother Anna Maria Drecher

6. Mother's Maiden Name Salzig

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Christian Drecker

9. Father's Occupation Cane-Marker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address 151 E. South St

Remarks

RETURN OF A BIRTH

46050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th March 1891
4. *Place of Birth, (Street and Number)* 241 Wayne Avenue
5. *Full Name of Mother,* Kate Winkelmann
6. *Mother's Maiden Name,* Kate Engelke
7. *Mother's Birthplace,* St Michael Talbot Co Md
8. *Full Name of Father,* James H Winkelmann
9. *Father's Occupation,* Baker Baker
10. *Father's Birthplace,* Newark N J

Name of Medical Attendant, or other Person who makes this Return. Mrs M E Cottell

Address, 101 Williams St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

116051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar. 4th /81
4. Place of Birth (Street and Number)	270 E. Charles St.
5. Full Name of Mother	Amelia
6. Mother's Maiden Name	Harrison
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm F. Griffith
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Smith M.D.
Address	108 E. Sharp St.
Remarks	

46052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st March, 1891.
4. *Place of Birth (Street and Number)* 10 Lott St.
5. *Full Name of Mother* Lydia Turpin
6. *Mother's Maiden Name* Lydia Nagle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Silas Turpin.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. H. H. Little

Address 425 W. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* forth
4. *Place of Birth (Street and Number)* No 138 Fort Avenue
5. *Full Name of Mother* Mary E Messick
6. *Mother's Maiden Name* Mary E Hatton
7. *Mother's Birthplace* Prince George County M D
8. *Full Name of Father* Soloman W. Messick
9. *Father's Occupation* sailor
10. *Father's Birthplace* Cambridge M D

Name of Medical Attendant, or other Person who makes this Return.

Address Wiser Conway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46054

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 4th of March
4. *Place of Birth, (Street and Number)* No 19 E. Monument St.
5. *Full Name of Mother,* Mrs. Margaret Hanly
6. *Mother's Maiden Name,* Margaret Gateley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hanly
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Mylon

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

116055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 4 1881
4. *Place of Birth, (Street and Number)* west Pratt No 911
5. *Full Name of Mother,* Mrs Rebecca Schaltzky
6. *Mother's Maiden Name,* — Schman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr John Schaltzky
9. *Father's Occupation,* Ice Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Lientner

Address, No 46 Monroe street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 12 1931
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Fourth.
4. *Place of Birth, (Street and Number)* 248 Orleans.
5. *Full Name of Mother,* Harriet Washington.
6. *Mother's Maiden Name,* Harriet Pembroke.
7. *Mother's Birthplace,* St. Mary's Co. Md.
8. *Full Name of Father,* George Washington.
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Queen Anne Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan.

Address, 1747 N. Durham.

Remarks,

JOHN P. FIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 4th 1881.
4. *Place of Birth, (Street and Number)* Belair ave No number.
5. *Full Name of Mother* Sedy. Vogel.
6. *Mother's Maiden Name* Sedy. Kattmann.
7. *Mother's Birthplace* Balte.
8. *Full Name of Father* Wbiatt Vogel.
9. *Father's Occupation* Basket maker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address 182. E. Monument st.

Remarks

46058

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
, (state whether male or female)	femal
ce or Color, (if not of the white race)	Color
te of Birth,	March the 4 1881
ce of Birth, (Street and Number)	127 Hill St
ll Name of Mother,	Glen Taylor
ther's Maiden Name,	Glen Forges
her's Birthplace,	Pamake
l Name of Father,	I Sao Hayges
her's Occupation,	Sabern man
her's Birthplace,	Pamake City
ne of Medical Attendant, or other Person who makes this Return	Lucy Sidney
dress,	No 1 Patapa Avenue
narks,	

NTERS AND STATIONERS.

RETURN OF A BIRTH

#46059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 16 1881 BALTIMORE MD.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colord
3. *Date of Birth,* 4th March
4. *Place of Birth,* (Street and Number) 160 Monumera st
5. *Full Name of Mother,* Clara Jones
6. *Mother's Maiden Name,* Giles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jesse Jones
9. *Father's Occupation,* Rod Carg
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Angeline Wilson

Address, 124 Warner st.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

46060

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* American
3. *Date of Birth,* March 4th 1881
4. *Place of Birth, (Street and Number)* 60 Division St
5. *Full Name of Mother,* Ellen Cathcart
6. *Mother's Maiden Name,* Ellen Moore
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Henry Cathcart
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other Person who makes this Return Amanda C. Taylor, M.D.

Address, 97 North Stricker St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46061
46062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins at 3rd Confinement

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race) White
3. Date of Birth March 4: 1881
4. Place of Birth (Street and Number) 481 Mulberry
5. Full Name of Mother Mary Crowell
6. Mother's Maiden Name " Hays
7. Mother's Birthplace Halifax
8. Full Name of Father Michael W. Crowell
9. Father's Occupation Insurance Adjuster
10. Father's Birthplace Nova Scotia

Name of Medical Attendant, or other Person who makes this Return. R. C. Williams M.D.

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 4th 1881
4. Place of Birth (Street and Number) 48 Pennsylvania Av
5. Full Name of Mother Mary Anna Goss
6. Mother's Maiden Name " " Sucke
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James P P Goss
9. Father's Occupation Milkman
10. Father's Birthplace Charleston South Carolina

Name of Medical Attendant, or other Person who makes this Return. W G Rider MD

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46064

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 4th 1881
4. *Place of Birth, (Street and Number)* 218 N Howard St
5. *Full Name of Mother* Margaret Crump
6. *Mother's Maiden Name* Margaret Fitzgerald
7. *Mother's Birthplace* England
8. *Full Name of Father* Thomas Crump
9. *Father's Occupation* Trader
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie McEnzell

Address 345 Penna ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46065

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 8 to

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 4, 1881
4. *Place of Birth, (Street and Number)* S. Kroestel str No 8
5. *Full Name of Mother,* Katharina Spenser
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* David Spenser
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

46066

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 March
4. *Place of Birth, (Street and Number)* 27 W. Pratt
5. *Full Name of Mother,* Lora Benjo
6. *Mother's Maiden Name,* Kratzer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Benjo.
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 82 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 5 march
4. *Place of Birth, (Street and Number)* no 20 E monument St
5. *Full Name of Mother* Alice Phillips
6. *Mother's Maiden Name* Alice Carran
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Isaac Phillips
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Mrs H Mitchell

Address

Remarks

RETURN OF A BIRTH

116069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1881
4. *Place of Birth, (Street and Number)* 174 S. Chapel St
5. *Full Name of Mother,* Laura G. Hamilton
6. *Mother's Maiden Name,* Laura G. Fowler
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Jas. R. Hamilton
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Bookman M.D.

Address, 140 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46070

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of March 1881
4. *Place of Birth, (Street and Number)* ✗ 75 North Washington street
5. *Full Name of Mother,* Mary Neuslein
6. *Mother's Maiden Name,* Mary Herchenreder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Hirchenreder
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46071

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 5 of Marge
4. *Place of Birth, (Street and Number)* No 282 Asquet St
5. *Full Name of Mother* Sarah Givens
6. *Mother's Maiden Name* Sarah Jamson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Jamson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Island

Name of Medical Attendant, or other Person who makes this Return.

Address Cristena Lavier

Remarks 173 Harper ave.

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 5th 1881
4. *Place of Birth, (Street and Number)*	N. 404 Hanover st
5. *Full Name of Mother,*	Rose Heilein
6. *Mother's Maiden Name,*	Seig
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Heilein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster midwife
Address,	330 Hanover st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

46073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 5 1881 ~~Easts St no 92½~~
4. *Place of Birth (Street and Number)* Easts St no 92½
5. *Full Name of Mother* Frances Groves
6. *Mother's Maiden Name* Frances Painel
7. *Mother's Birthplace* Queenanns Co (Md)
8. *Full Name of Father* John W. Groves
9. *Father's Occupation* Junk Dealer
10. *Father's Birthplace* Queenanns Co (Md)

Name of Medical Attendant, or other Person who makes this return Herriette Glassco

Address McEldeary Street

Remarks Extended

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46074

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of March
4. *Place of Birth, (Street and Number)* No 175 West St
5. *Full Name of Mother,* Annea Craft
6. *Mother's Maiden Name,* Anna Hitchcock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Craft
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lavina Schenbaker

Address, No 425 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of March
4. *Place of Birth, (Street and Number)* N 244 Light St
5. *Full Name of Mother,* Mary Carney
6. *Mother's Maiden Name,* Mary Welch
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Conroway
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sylvia Gilchrist

Address, No 120 West F

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46076

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February March 5 1891
4. *Place of Birth, (Street and Number)* No 206 N. Wolf Street.
5. *Full Name of Mother,* Kate F. Howard
6. *Mother's Maiden Name,* Kate F. Emmett.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Howard
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Henry A. Allwell

Address, 206 McDonough St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) 2

state whether Male or Female) Female

or Color (if not of the white race) Colloid

of Birth March 5. 1881

of Birth (Street and Number) China St No 37

Name of Mother Margret L Wing

er's Maiden Name Margret L Dupont

er's Birthplace Baltimore Md

Name of Father John W. Wing

er's Occupation Laborer

er's Birthplace Dorchester County Maryland

e of Medical Attendant, or other Person who makes this Return. Kattrin Riley

ress No 44 Walker St

arks

RETURN OF A BIRTH.

46078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 12 1886 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 5th 1886
4. *Place of Birth* (Street and Number) Nos Houses Court
5. *Full Name of Mother* Sarah Bennett
6. *Mother's Maiden Name* Sarah Williams
7. *Mother's Birthplace* St. Mary's County
8. *Full Name of Father* Steven Bennet
9. *Father's Occupation* Clerking
10. *Father's Birthplace* St Marys County

Name of Medical Attendant, or other Person who makes this Return. Piney Orrell

Address ~~209 S. H St~~ 209 S. Howard St Baltimore Md.

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 5th 1881.
4. *Place of Birth, (Street and Number)* # 459. E. Chas. st.
5. *Full Name of Mother* Elizabeth Seigman
6. *Mother's Maiden Name* Elizabeth Frech.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Seigman.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Fred Hilbert

Address 182. E. Monument st.

Remarks

RETURN OF A BIRTH.

46080

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1881
4. Place of Birth (Street and Number)	544 Hanford Ave
5. Full Name of Mother	Mary A. Murphy
6. Mother's Maiden Name	" A. Clifford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Murphy
9. Father's Occupation	Mechanic
10. Father's Birthplace	Mount Washington
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	437 - N. Central Ave
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46081

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of March 1880
4. *Place of Birth, (Street and Number)* 530 Belair Ave
5. *Full Name of Mother,* Lizzie Bonah
6. *Mother's Maiden Name,* — Kaimer
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* John Bonah
9. *Father's Occupation,* Beer brewer
10. *Father's Birthplace,* Prusia

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Yllig

Remarks, 418 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46082

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of March 1881
4. *Place of Birth, (Street and Number)* 58 Central Ave
5. *Full Name of Mother,* Birdie Weaver
6. *Mother's Maiden Name,* — — Smith
7. *Mother's Birthplace,* Bramen
8. *Full Name of Father,* Anton Weaver
9. *Father's Occupation,* Sigar Macker
10. *Father's Birthplace,* Bramen

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address,

Remarks, 48 Holland St

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) 6

tate whether Male or Female) feamail

or Color (if not of the white race) Colord

of Birth March 5

of Birth (Street and Number) hughes St 246

Name of Mother A. Lizey Johnson

r's Maiden Name A. Lizey Dutton

r's Birthplace Baltimor Co

Name of Father Thomas Johnson

r's Occupation Labour

r's Birthplace N. hamton Co. Va

of Medical Attendant, or other Person who makes this return Sarah Jane Willson

ess 252 hughes St

rks

NY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

460811

HEALTH DEPARTMENT MAY 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1881
4. Place of Birth (Street and Number)	9½ N. Calvert St
5. Full Name of Mother	Rosie Connolly
6. Mother's Maiden Name	Rosie Cusack
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Connolly
9. Father's Occupation	Shoe-Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas N Hunter MD
Address	36 Greenmount Avenue
Remarks	

RETURN OF A BIRTH.

11685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 5. 1881
4. *Place of Birth (Street and Number)* 171 Preston St
5. *Full Name of Mother* Mary L ~~Bad~~ Brown
6. *Mother's Maiden Name* " " Bailey
7. *Mother's Birthplace* md
8. *Full Name of Father* Alexander H Brown
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Dannehill

Address 129 N Bedale St

Remarks

46086

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Femals
2. *Race or Color, (if not of the white race)* Whits
3. *Date of Birth,* March 5th
4. *Place of Birth, (Street and Number)* Baltimore City, 326 S. Earl. Str.
5. *Full Name of Mother,* Catarine ~~Kramer~~ Volke
6. *Mother's Maiden Name,* " Kramer
7. *Mother's Birthplace,* Braunau
8. *Full Name of Father,* Christian Volke
9. *Father's Occupation,* Schomaker
10. *Father's Birthplace,* Orpetchal Waldeck (German)

Name of Medical Attendant, or other Person who makes this Return. Miss Münch

Address, 8 Leatenhall Strit

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 11607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 5. 1881.
4. *Place of Birth, (Street and Number)* 96 N. Fremont St.
5. *Full Name of Mother* Alice Jennie Pascoe
6. *Mother's Maiden Name* Allen
7. *Mother's Birthplace* Georgetown D.C.
8. *Full Name of Father* Robert Edward Pascoe
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Georgetown D.C.

Name of Medical Attendant, or other Person who makes this Return. J. Christian M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH

116088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th 81
4. *Place of Birth, (Street and Number)* No. 5 Paca St.
5. *Full Name of Mother,* Josephine Goltz
6. *Mother's Maiden Name,* " Snider
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Snider
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman

Address, 433 N. Howard St.

Remarks, Strong Child.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

16089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 5th 1881
4. *Place of Birth, (Street and Number)* Colombia Ave
5. *Full Name of Mother* Catharine I. Beebe
6. *Mother's Maiden Name* " " McNasby
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Henry Eddy Beebe
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Wm. Georgi A. Richmond

Address 185 Lee St

Remarks

46090

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 5th 1881
4. *Place of Birth, (Street and Number)* 46 Woodward St
5. *Full Name of Mother* Catharine Corrigan
6. *Mother's Maiden Name* " " Brady
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Petri Corrigan
9. *Father's Occupation* Porter Liquor Store
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Margt A. Redmond

Address 185 Lee St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 8 1891

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 8 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 6th 1891
4. *Place of Birth, (Street and Number)* 362 Eastern Ave.
5. *Full Name of Mother* Maggie Vogel.
6. *Mother's Maiden Name* Maggie Miller
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Peter Vogel.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 131 South Wolfe St.

Remarks A2

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

Name, Sidney Mousel Worsham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child.
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	March 6th 1881
4. *Place of Birth (Street and Number)*	No 23 Lucerne Street.
5. *Full Name of Mother*	Mrs Annie Worsham
6. *Mother's Maiden Name*	Miss Annie Mills
7. *Mother's Birthplace*	Baltimore City.
8. *Full Name of Father*	Mr George Worsham
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel A. Gaines
Address	No 65 Burke Street.
Remarks	

RETURN OF A BIRTH

46093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1881
4. *Place of Birth, (Street and Number)* 1[illegible] S. Howard St
5. *Full Name of Mother,* Mary K Brogdan Brogan
6. *Mother's Maiden Name,* Mary K Powers
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm Brogdan Brogan
9. *Father's Occupation,* Hack Driver
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook MD

Address, 146 Hanover St

Remarks,

Past any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 160914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child (1 Living)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sunday March 6, 1881
4. *Place of Birth, (Street and Number)* No. 1303 East Baltimore St
5. *Full Name of Mother* Mrs. Mary Ella Bapp
6. *Mother's Maiden Name* Miss M. E. Soh
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. Charles H. Bapp
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Eslenden M.D.

Address No. 102 North Broadway

Remarks

RETURN OF A BIRTH

4 6 0 96

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1881 March the 4th
4. *Place of Birth, (Street and Number)* No 103 Fayette st.
5. *Full Name of Mother,* Emma Mienze
6. *Mother's Maiden Name,* Ellis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Mienze.
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth (10) child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1891
4. *Place of Birth, (Street and Number)* No 41 Walker st
5. *Full Name of Mother,* Eugenia Morgath
6. *Mother's Maiden Name,* Kispert
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Friederick Morgath
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Saxony

Name of Medical Attendant, or other Person who makes this Return. Wm. Schleiffer

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Hester Brown gave

1. Sex (state whether Male or Female) birth to male on Sunday
2. Race or Color (if not of the white race) March th 6. 1881 Occupation
3. Date of Birth Cook Wash and Iron name of father
4. Place of Birth (Street and Number) Alfred Smith Occupation Drayman
5. Full Name of Mother 70 Orchard St
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucy Conish

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46098

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of March
4. *Place of Birth, (Street and Number)* No 74 West St
5. *Full Name of Mother,* Ida Effing
6. *Mother's Maiden Name,* Ida Ness
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Effing
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gutschalk

Address, No 120 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46099

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 J March
4. *Place of Birth, (Street and Number)* N 24 Wed St
5. *Full Name of Mother,* Amy Fritz
6. *Mother's Maiden Name,* Amy Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andy Fritz
9. *Father's Occupation,* Saborlor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gilchrist

Address, No 12 Mead St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 6 of March 1881
4. *Place of Birth, (Street and Number)* 105 Lemon St.
5. *Full Name of Mother* Mrs Zirkenbach
6. *Mother's Maiden Name* Augustine Lietz
7. *Mother's Birthplace* born in Prussia Germany
8. *Full Name of Father* Louis Zirkenbach
9. *Father's Occupation* Worker
10. *Father's Birthplace* born in Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. M. Miller

Address 1017 W. Fra[illegible] St

Remarks

46101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	brown skin
3. Date of Birth	sixth March 1881
4. Place of Birth (Street and Number)	raleurg st 3-8
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Mathews
7. Mother's Birthplace	acomac county Virginia
8. Full Name of Father	George Brown
9. Father's Occupation	Sailor
10. Father's Birthplace	Cuba
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address	13 Clinton av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 1881
4. *Place of Birth, (Street and Number)* Baltimore Ridgley St N 133
5. *Full Name of Mother,* Bridget Mair
6. *Mother's Maiden Name,* Bridget Mann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mair
9. *Father's Occupation,* Wood Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs H. Slaffer

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* fee meal.
2. *Race or Color (if not of the white race)* lofard
3. *Date of Birth* march the 6
4. *Place of Birth (Street and Number)* No 171 West St. St.
5. *Full Name of Mother* Elizabeth Crossey.
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* James Crossey
9. *Father's Occupation* Soaker
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Susan Butler.

Address

Remarks

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4-6104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th march 1881
4. *Place of Birth (Street and Number)* 6 N wolf st
5. *Full Name of Mother* Mary ann Kinear
6. *Mother's Maiden Name* Mary ann Eaton
7. *Mother's Birthplace* ~~dear~~ ayer Hanover
8. *Full Name of Father* Elick Kinear
9. *Father's Occupation* Shoe maker ~~Ireland~~
10. *Father's Birthplace* London dary Ireland

Name of Medical Attendant, or other Person who makes this Return. Louisa St b Overton

Address 390 d N Washington

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
15
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of March
4. *Place of Birth, (Street and Number)* 150 Ensor st
5. *Full Name of Mother,* Katie Hööack
6. *Mother's Maiden Name,* — Koeitler
7. *Mother's Birthplace,* Baden Baden
8. *Full Name of Father,* John Hööack
9. *Father's Occupation,* Feed store
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Dr Uhling 48 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11-6106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
26
1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th 1881
4. Place of Birth (Street and Number)	131 E. Eager St
5. Full Name of Mother	Angeline Dehoff
6. Mother's Maiden Name	" Foust
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Daniel Dehoff
9. Father's Occupation	Carpenter
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter M.D.
Address	36 Greenmount Ave
Remarks	

46107

(ave)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

Name of child: Vachel Howard Ford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 6 1881

4. Place of Birth (Street and Number) 324 Lexington St

5. Full Name of Mother Anna Ford

6. Mother's Maiden Name Anna Brown

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Ford

9. Father's Occupation Merchant

10. Father's Birthplace St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitchell

Address 121 Williamson St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 6th 01
4. *Place of Birth, (Street and Number)* 79 Pearce St.
5. *Full Name of Mother,* Lila Gant
6. *Mother's Maiden Name,* Lila Adams
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Gant
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 89 Pearce St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th March
4. *Place of Birth, (Street and Number)* 933 W. Balto. Str.
5. *Full Name of Mother,* Elisabeth Freund
6. *Mother's Maiden Name,* " Raber
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Freund
9. *Father's Occupation,* Merchand
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mamie Mrs. Dummler

Address,

Remarks, No 6 S. Wooder St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Chi
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	410 West L
4. *Place of Birth, (Street and Number)*	9 March 1881
5. *Full Name of Mother,*	Mary Lucy
6. *Mother's Maiden Name,*	Mary Carmen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mich Carmen
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magruder
Address,	Federal & Lo 70
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1881
4. *Place of Birth, (Street and Number)* 234 N Caroline St
5. *Full Name of Mother,* Rose E Becker
6. *Mother's Maiden Name,* Rose E Thater
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis Becker
9. *Father's Occupation,* Leaf Tobacco Dealer
10. *Father's Birthplace,* On the High Seas

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Lanvale St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 11.
4. *Place of Birth, (Street and Number)*	122 E. Balt St. Baltimore.
5. *Full Name of Mother,*	A. L. Desch.
6. *Mother's Maiden Name,*	" Gerhard.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	J. F. Desch.
9. *Father's Occupation,*	Cap Maker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Hannah Knowles.
Address,	136 Caroline St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4.6113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 7
4. *Place of Birth, (Street and Number)* 2 short st
5. *Full Name of Mother,* Sarah grant
6. *Mother's Maiden Name,* Sarah Lubbard
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* frank grant
9. *Father's Occupation,* Wagoner
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return. md Wm H Johnson

Address, no 18 short st

Remarks, healthy Child

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 116114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 7. 1881
4. *Place of Birth, (Street and Number)* 457 S Charles st
5. *Full Name of Mother* Annie E Goldhammer
6. *Mother's Maiden Name* Annie E Cook
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Goldhammer
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

11.6115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1881
4. Place of Birth (Street and Number)	376 Fayette St
5. Full Name of Mother	Clara Deutsch
6. Mother's Maiden Name	Clara Reese
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm Deutsch
9. Father's Occupation	Painter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	F. R. Adler M.D.
Address	234 W. Fayette St
Remarks	

46116

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 7 ed 1881
4. *Place of Birth, (Street and Number)* No 75 Grendall st
5. *Full Name of Mother,* Cathern Sherer
6. *Mother's Maiden Name,* Island
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Peter Sherer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* march 7
4. *Place of Birth, (Street and Number)* 83 jefferson st
5. *Full Name of Mother,* sarah ann ~~Beecher~~ lain
6. *Mother's Maiden Name,* sarah ann Beecher
7. *Mother's Birthplace,* anapolis md
8. *Full Name of Father,* John frances lain
9. *Father's Occupation,* minister of yorkers chapple church
10. *Father's Birthplace,* virginia

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address, 18 short st ~~[illegible]~~

Remarks, healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46118

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1831 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 7 of March
4. *Place of Birth, (Street and Number)* 20 Bourghe st
5. *Full Name of Mother* Esebell Bichis
6. *Mother's Maiden Name* Esebell Tollsen
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Josef Bichers
9. *Father's Occupation* Mat Macher
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Ellizy Donaldson

Address 452 Fort ave

Remarks Mother and chile is doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

46119

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 March
4. *Place of Birth, (Street and Number)* 90 Steil
5. *Full Name of Mother,* Kath. Uhlfelder
6. *Mother's Maiden Name,* Tollheimer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mier Uhlfelder
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* N. Y. State

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 7th 1881.
4. *Place of Birth, (Street and Number)* No 374. E. Eager st.
5. *Full Name of Mother* Bridget Hamilton
6. *Mother's Maiden Name* Bridget Harkins.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Georgi Hamilton
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Hand Hillegeist

Address 162. E. Monument st.

Remarks

46121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7 1881
4. *Place of Birth (Street and Number)* 145 Choptank St
5. *Full Name of Mother* Emma Sowers
6. *Mother's Maiden Name* Emma Kirby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Sowers
9. *Father's Occupation* Captain
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Gray

Address 193 Lakeside St

Remarks Healthy

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46122

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 7th 1891.
4. *Place of Birth, (Street and Number)* # 335 North Central ave.
5. *Full Name of Mother* Gertrude Wellinger
6. *Mother's Maiden Name* Gertrude Krisp
7. *Mother's Birthplace* Butte.
8. *Full Name of Father* Thomas L. Wellinger
9. *Father's Occupation* Cigar Manufacturer.
10. *Father's Birthplace* Butte

Name of Medical Attendant, or other Person who makes this Return. Hans Hillquist

Address 162 E. Monument St.

Remarks

46123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 7 of March 1881
4. Place of Birth (Street and Number) No 15 Jordan Ay
5. Full Name of Mother Lara Boom
6. Mother's Maiden Name Lara Camel
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Burley
9. Father's Occupation Driving Wagon
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Cornish

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1901 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colerd
3. *Date of Birth* March the 1st 1901
4. *Place of Birth (Street and Number)* 1004 north Reggister st
5. *Full Name of Mother* 1004 Stanney Williams
6. *Mother's Maiden Name* all the same
7. *Mother's Birthplace* potapsco Neck M D
8. *Full Name of Father* dont no the Farther
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Anna Higgins

Address 1004 north Reggister st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7th 1881
4. *Place of Birth (Street and Number)* Lombard Street
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation* Butcher
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. G. Holliday M.D.

Address Carroll P. O. Balto. Co.

Remarks

46126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7 – 1881
4. Place of Birth (Street and Number)	137 Franklin St
5. Full Name of Mother	Mary E. Miller
6. Mother's Maiden Name	" " Weissel
7. Mother's Birthplace	Frederic Co Md
8. Full Name of Father	John Miller
9. Father's Occupation	Tobacconist
10. Father's Birthplace	New Freedom York Co Pa
Name of Medical Attendant, or other Person who makes this Return.	W. Kidder Md
Address	87 Mulberry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Mother

116127

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 7 March 1881
4. *Place of Birth, (Street and Number)* No 158 Spring Street
5. *Full Name of Mother* Lemetter Mils
6. *Mother's Maiden Name* Lemetter Brown
7. *Mother's Birthplace* ~~[illegible]~~ Nappalis
8. *Full Name of Father* Steve Miers
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltim

Name of Medical Attendant, or other Person who makes this Return. Rosetter William

Address 70 Chesnut Street

Remarks Mother and Chief doing Will

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 7th 1881
4. *Place of Birth, (Street and Number)*	15-2 Sandenhall St,
5. *Full Name of Mother,*	Maggie Flynn -
6. *Mother's Maiden Name,*	" Kenney,
7. *Mother's Birthplace,*	Balto. City -
8. *Full Name of Father,*	James Flynn -
9. *Father's Occupation,*	Grocer -
10. *Father's Birthplace,*	Ireland,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.,
Address,	15-2 Sharp St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7th of March.
4. *Place of Birth, (Street and Number)*	218 Linden ave.
5. *Full Name of Mother,*	Martha Jory.
6. *Mother's Maiden Name,*	Odell.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Benjamin Jory.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby.
Address,	369 Cathedral St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46130

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7
4. *Place of Birth, (Street and Number)* Covington # 44.
5. *Full Name of Mother,* Louisa E. Woodrow
6. *Mother's Maiden Name,* Louisa E. Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Henry Woodrow
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Stürck

Address, 8 Leadenhall Street

Remarks,

"Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

116131

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7/1881
4. *Place of Birth, (Street and Number)*	#238 S. Durham St
5. *Full Name of Mother,*	Annie Eichler
6. *Mother's Maiden Name,*	" " " Ulfers
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Eichler
9. *Father's Occupation,*	~~Germany~~ Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft
Address,	#236 Canton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11613 L

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7/81
4. *Place of Birth, (Street and Number)* #105 S. Caroline Str
5. *Full Name of Mother,* Mary Frostburg
6. *Mother's Maiden Name,* " " Roder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Frostburg
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Max Louise Kraft

Address, #286 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46133

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1881
4. *Place of Birth, (Street and Number)* 92 S Stricker St
5. *Full Name of Mother,* Annie May Buell
6. *Mother's Maiden Name,* " " Tillman
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wm Thomas Buell
9. *Father's Occupation,* Brakeman B & O RR.
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. W C Regester Md

Address, W Co Fayette & Calhoun

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

461311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* march 7-81 -
4. *Place of Birth (Street and Number)* 175 George St -
5. *Full Name of Mother* Agnes Jane Jones
6. *Mother's Maiden Name* " " Leister -
7. *Mother's Birthplace* Carroll Co. Md -
8. *Full Name of Father* Edwin Jones
9. *Father's Occupation* Superintendent Spice Mill
10. *Father's Birthplace* Annapolis, Md -

Name of Medical Attendant, or other Person who makes this Return. Jas. T. King. Md

Address 215 N. Carrollton ave

Remarks normal —

46135

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* No ~~the~~ 24 E Bidd St
4. *Place of Birth, (Street and Number)* ~~No~~ the 8 of March
5. *Full Name of Mother* Feroniga Braning
6. *Mother's Maiden Name* Feroniga Bauer
7. *Mother's Birthplace* Germaniz
8. *Full Name of Father* ~~Robert~~ Robert Bauer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany & Warzz. Ly.

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 170 Harfer cru.

10 00

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 8th 1881
4. Place of Birth (Street and Number)	45 Hamburg
5. Full Name of Mother	Mrs Lawton
6. Mother's Maiden Name	Miss Mary Johnson
7. Mother's Birthplace	Kansas
8. Full Name of Father	Richard Lawton
9. Father's Occupation	Stationary Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. B. Fishburne
Address	Light & Eros —
Remarks	

RETURN OF A BIRTH

46157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March. 8. 1881,
4. *Place of Birth, (Street and Number)*	454 E. Balt. St.
5. *Full Name of Mother,*	Mary Adeline Cook,
6. *Mother's Maiden Name,*	Hef,
7. *Mother's Birthplace,*	" Balt. Md.
8. *Full Name of Father,*	William John Cook
9. *Father's Occupation,*	Wholesale Fancy Grocer,
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville Lusk, M.D.
Address,	Balt. & Wash. R.R.
Remarks,	Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 8. March
4. *Place of Birth (Street and Number)* Martin Alley no 38
5. *Full Name of Mother* Annie McLane
6. *Mother's Maiden Name* Kirby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John McLane
9. *Father's Occupation* Hackman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Guy

Remarks No 13 Holland st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

46139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 8th 1881
4. *Place of Birth* (Street and Number)	No. 392 Mulberry St -
5. *Full Name of Mother*	Mrs. Kate Hallock
6. *Mother's Maiden Name*	Pennington
7. *Mother's Birthplace*	Harford Co. Md.
8. *Full Name of Father*	Edward Hallock
9. *Father's Occupation*	Book keeper
10. *Father's Birthplace*	Rochester - N. Y. -
Name of Medical Attendant, or other Person who makes this Return.	Wm W. Murray M. D.
Address	2308 W. Fayette St.
Remarks	

46140

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 1881
4. *Place of Birth, (Street and Number)* Division street
5. *Full Name of Mother,* Ellie Ramsay
6. *Mother's Maiden Name,* " Hunt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hugh L. Ramsay
9. *Father's Occupation,* Grocer Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmitt

Address, No. 528 Penna Avenue

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 146141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 5 th 1881.
4. *Place of Birth, (Street and Number)* Belair road No number.
5. *Full Name of Mother* Emma Hartwig.
6. *Mother's Maiden Name* Emma Huffa.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Fredrick Hartwig.
9. *Father's Occupation* Bus driver
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr. Hilgert

Address 192. E. Baumont st.

Remarks

46142

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8th
4. *Place of Birth, (Street and Number)* Lombard Street 224
5. *Full Name of Mother,* Panthe Florence Garrett
6. *Mother's Maiden Name,* Panthe Florence Dickinson
7. *Mother's Birthplace,* Richmond.
8. *Full Name of Father,* Hugh Wilton Garrett
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* Middlesex Co. Va

Name of Medical Attendant, or other Person who makes this Return Mrs Seebach W. Pratt Str.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8th 1881
4. *Place of Birth, (Street and Number)* No 40 B Fort av
5. *Full Name of Mother,* Louise Elsner
6. *Mother's Maiden Name,* Gehring
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Elsner
9. *Father's Occupation,* Ingenier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Lobwasser midwife

Address, 330 Hanover st.

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1891
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1891
4. Place of Birth (Street and Number)	77 Lee St.
5. Full Name of Mother	Bettie Wolfsheimer
6. Mother's Maiden Name	Bettie Schoolherr
7. Mother's Birthplace	Md. City
8. Full Name of Father	Nathan Wolfsheimer
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. B. Arnold M.D.
Address	
Remarks	

46146

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 1881
4. *Place of Birth, (Street and Number)* 98 st Peter st
5. *Full Name of Mother,* Isabella Straine
6. *Mother's Maiden Name,* Isabella Davis
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* Alfread Straine
9. *Father's Occupation,* Licened Peddler
10. *Father's Birthplace,* Liverpool England

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Bently

Address,

Remarks, Child Living

Arrived at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11614 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 8th 1881
4. *Place of Birth, (Street and Number)*	# 40. Jefferson St
5. *Full Name of Mother,*	Arena Long
6. *Mother's Maiden Name,*	Arena Collett
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Stewart Long
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	# 5 Forrest St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11614-7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 8 th 1881
4. *Place of Birth, (Street and Number)*	№ 13 Hughes st
5. *Full Name of Mother,*	Edouard Cornelie Lucia
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	France
8. *Full Name of Father,*	Emil Cornelie
9. *Father's Occupation,*	France
10. *Father's Birthplace,*	Glasblaser
Name of Medical Attendant, or other Person who makes this Return	J. Schwaasser midwife
Address,	330 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

461118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 8 th 1881
4. *Place of Birth, (Street and Number)*	№ 100 York st
5. *Full Name of Mother,*	Augusta Seebode
6. *Mother's Maiden Name,*	Hoessel
7. *Mother's Birthplace,*	Albert Seebode
8. *Full Name of Father,*	Book Keeper
9. *Father's Occupation,*	Both from America
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	J. Schwaser midwife
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4614-9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 9. 1891
4. *Place of Birth, (Street and Number)* 456 E Pratt
5. *Full Name of Mother,* Mrs Henig Pauline
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. Henig Charles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Salzer

Address, 163 W. Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* March 9/81
4. *Place of Birth (Street and Number)* 46 Gravel Alley
5. *Full Name of Mother* Louisa Squirrel
6. *Mother's Maiden Name* " Carroll
7. *Mother's Birthplace* Maryland (County or City not Known)
8. *Full Name of Father* Robert Benjamin Squirrel
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. T. J. Ward M D

Address 127 St Paul St

Remarks

RETURN OF A BIRTH

46151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1831 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 9
4. *Place of Birth, (Street and Number)* 120 Regester st
5. *Full Name of Mother,* Ellen Robinson
6. *Mother's Maiden Name,* Ellen dodd
7. *Mother's Birthplace,* Centerpile md
8. *Full Name of Father,* Gillan Robinson
9. *Father's Occupation,* Labborre
10. *Father's Birthplace,* Centerpile md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Johnson

Address, no 18 short st

Remarks, healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46152

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of March 1881
4. *Place of Birth, (Street and Number)* No 245 Barthigan.
5. *Full Name of Mother,* Mary Mary
6. *Mother's Maiden Name,* Mary Meltenbach
7. *Mother's Birthplace,* Bjern
8. *Full Name of Father,* John Mary
9. *Father's Occupation,* ~~Sr Engineer~~ Shumaker
10. *Father's Birthplace,* Bjern

Name of Medical Attendant, or other Person who makes this Return. Sabina Sidbeck

Address, No 128 Wheat St

Remarks,

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4-6153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1881
4. Place of Birth (Street and Number)	108 Hollins st
5. Full Name of Mother	Carrie A. Friedenrich
6. Mother's Maiden Name	" " Seelgenrich
7. Mother's Birthplace	Delaware
8. Full Name of Father	David Friedenrich
9. Father's Occupation	Traveling Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Horatio N. Shultz
Address	108 Hollins st
Remarks	

46154

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 9 th 280
4. *Place of Birth, (Street and Number)* Canton Av
5. *Full Name of Mother* Emma . Bitz
6. *Mother's Maiden Name* ..... Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilcam Bitz
9. *Father's Occupation* Clark
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Maurer
173 Bank St

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46155

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1881
4. *Place of Birth, (Street and Number)* No Bandell St
5. *Full Name of Mother,* Laura Carroll
6. *Mother's Maiden Name,* Laura Kramer
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Albert G Carroll
9. *Father's Occupation,* Fireman B.&.O.R.R.
10. *Father's Birthplace,* Howard Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 March
4. *Place of Birth, (Street and Number)* No. 103 Bond St
5. *Full Name of Mother,* Laura Mitchal
6. *Mother's Maiden Name,* Bolten.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Luther Mitchal
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4615 7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st Child

1. *Sex,* (*state whether* ~~male or~~ *female*)

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* March the 9, 1881

4. *Place of Birth,* (*Street and Number*) Orleans St. No 220

5. *Full Name of Mother,* Kunigunda Horn

6. *Mother's Maiden Name,* Kunigunda Rodenhausen

7. *Mother's Birthplace,* Eschau, b. Baiern, Germany

8. *Full Name of Father,* Friedrich Horn

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Neuhausen, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 9. 81.

4. *Place of Birth, (Street and Number)* Boyd Str. 87.

5. *Full Name of Mother,* Elizabeth Jivis

6. *Mother's Maiden Name,* Wheat

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward Jivis

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach 439 W. Pratt St.

Address,

Remarks,

HEALTH DEPARTMENT MAY 14 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
14
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Mother's child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* of the white race
3. *Date of Birth* 9th March
4. *Place of Birth (Street and Number)* No 24 South Washington Street
5. *Full Name of Mother* Mrs. Elisabetha Goldbeck
6. *Mother's Maiden Name* Mrs. Elisabetha Tafshorn
7. *Mother's Birthplace* from Oldenburg
8. *Full Name of Father* Mr. William Goldbeck
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* from Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Thelen

Address No 37 Aisquith Alley

Remarks

RETURN OF A BIRTH

46160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
15
1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of March 1881
4. *Place of Birth, (Street and Number)* 73 Holland st
5. *Full Name of Mother,* Barbara Peppler
6. *Mother's Maiden Name,* — Eggas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Peppler
9. *Father's Occupation,* Trunk Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uhlig

Address, 40 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 9 of March 1881
4. *Place of Birth, (Street and Number)* 59 Frederick St
5. *Full Name of Mother,* Lina Prid
6. *Mother's Maiden Name,* Bosinska
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Prid
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulla

Address, 48 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46162

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9th 1881
4. *Place of Birth, (Street and Number)* No 139 Hamburg st
5. *Full Name of Mother,* Sophie Mitchell
6. *Mother's Maiden Name,* Deg.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Mitchel
9. *Father's Occupation,* Ingenier
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. *Sex (state whether Male or Female)* ~~colored~~ male
2. *Race or Color (if not of the white race)* ~~[illegible]~~ colored
3. *Date of Birth* March 9
4. *Place of Birth (Street and Number)* Bethel st. 74
5. *Full Name of Mother* Harriet Ann presby
6. *Mother's Maiden Name* Impey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* george prestby
9. *Father's Occupation* laber
10. *Father's Birthplace* habsty grass

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ Betsy mindowny

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

461664

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9: 1881
4. *Place of Birth (Street and Number)* 318 Fremont Ave
5. *Full Name of Mother* Grace Carroll
6. *Mother's Maiden Name* " Wilson
7. *Mother's Birthplace* Alexandria
8. *Full Name of Father* Geo. H. Carroll
9. *Father's Occupation* Car Engineer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. D. E. Williams

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

146165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 9 1881
4. *Place of Birth (Street and Number)* 276 E. Church St
5. *Full Name of Mother* Mary M. Dishon
6. *Mother's Maiden Name* " " Taylor
7. *Mother's Birthplace* Frederick Md.
8. *Full Name of Father* John L. Dunston
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Taylor M. D

Address 222 N. Broadway

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday March 4th 1891
4. *Place of Birth, (Street and Number)*	216 N. Eden St
5. *Full Name of Mother,*	Elizabeth Owens
6. *Mother's Maiden Name,*	Elizabeth Burkett
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Owens
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	35½ Drummond Ave
Remarks,	Forty Presentation

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-6167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1881
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9. 1881
4. *Place of Birth, (Street and Number)* Dunken Alle No 106
5. *Full Name of Mother,* Elise Erlinghaus
6. *Mother's Maiden Name,* Bornhorn
7. *Mother's Birthplace,* Prult.
8. *Full Name of Father,* Wilhelm Erlinghaus
9. *Father's Occupation,* Seemann
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm Joh Trautbach

Address, S. Wolf str No 24

Remarks, Midwife

Advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 9th /8
4. *Place of Birth (Street and Number)* 135 Hanover st
5. *Full Name of Mother* Mary Gillingham
6. *Mother's Maiden Name* " Meekins
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas Gillingham
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 7th 1881
4. *Place of Birth, (Street and Number)* Washington Road
5. *Full Name of Mother,* Harriett L. Wilson
6. *Mother's Maiden Name,* " " Seymour
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo W Wilson
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake M.D.

Address, 1 E. 8th Pacific

Remarks,

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9/1
4. *Place of Birth, (Street and Number)* #178 S. Bethel Str
5. *Full Name of Mother,* Louise Gleitsmann
6. *Mother's Maiden Name,* " " " Regers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernst Gleitsmann
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, #286 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11671

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 10th 1881
4. Place of Birth (Street and Number)	706 Hanover St
5. Full Name of Mother	Mrs Richard Morningstarr
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	Richard Morningstarr
9. Father's Occupation	Fireman B.+O.R.R.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	R. B. Fishburne
Address	Light + Cross.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1891 BALTIMORE

No. of Child of Mother, ~~*(state whether*~~ *1st,* ~~*2d, 3d,*~~ *&c.)*

1. *Sex* (~~*state whether Male or*~~ *Female)*
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* March, 10th
4. *Place of Birth* (*Street and Number*) 63 N Hugh St = visiting from N. York
5. *Full Name of Mother* Jinnie Babcock
6. *Mother's Maiden Name* " Corrigan
7. *Mother's Birthplace* New York
8. *Full Name of Father* Thos Babcock
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. A. L. Chartier & J. R. Andre

Address 11 S. Hugh 1212 E Balto St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* Brown skin
3. *Date of Birth* March 10th 3 O'clk A. M.
4. *Place of Birth (Street and Number)* 61 Vincent Alley
5. *Full Name of Mother* Annie Cubner
6. *Mother's Maiden Name* Annie Carr
7. *Mother's Birthplace* Balto. Co. Maryland
8. *Full Name of Father* William Cubner
9. *Father's Occupation* Labor or
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. L. Y. Harris

Address No 2 Pen alley

Remarks back of head very soft with this exception the child is perfect

RETURN OF A BIRTH,

461744

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 10th of Mark 1881
4. *Place of Birth, (Street and Number)* 42 Frederick Ave
5. *Full Name of Mother* Mary Engel
6. *Mother's Maiden Name* Mary Philly
7. *Mother's Birthplace* born in West Virginia
8. *Full Name of Father* Philipp Engel
9. *Father's Occupation* Worker
10. *Father's Birthplace* born in the City of Balto

Name of Medical Attendant, or other Person who makes this Return. Mr Hiller

Address 1017 W. Pratt St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 12 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 10
4. *Place of Birth, (Street and Number)* 149 William st
5. *Full Name of Mother* Mary E Talson
6. *Mother's Maiden Name* Mary E Courtney
7. *Mother's Birthplace* West Maryland
8. *Full Name of Father* James Talson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kent Island

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

46176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Oct

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1881
4. *Place of Birth (Street and Number)* N. W. Cor. Gough and Dunnow Sts
5. *Full Name of Mother* Elizabeth A. Marshall
6. *Mother's Maiden Name* Elizabeth A. Phillips
7. *Mother's Birthplace* Dorchester Co. Md
8. *Full Name of Father* John R. Marshall
9. *Father's Occupation* Cook
10. *Father's Birthplace* Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116177

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* No 160 Bond St
5. *Full Name of Mother,* Kathrin Kerr
6. *Mother's Maiden Name,* Wehrlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Kerr
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* 48 S Eden
5. *Full Name of Mother,* Mag Rikert
6. *Mother's Maiden Name,* Cucert
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Will Rikert
9. *Father's Occupation,* Grocery Keeper
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 82 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th March 1881
4. Place of Birth (Street and Number) 16 falls st
5. Full Name of Mother cathern Brown
6. Mother's Maiden Name cathern Gunning
7. Mother's Birthplace airland
8. Full Name of Father William Brown
9. Father's Occupation Labor
10. Father's Birthplace airland

Name of Medical Attendant, or other Person who makes this Return. Louisa A. C. Overton

Address 390 N Washington st

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46180

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 16 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 10 1881
4. *Place of Birth, (Street and Number)* Cookes Street
5. *Full Name of Mother* Soffa Brendo
6. *Mother's Maiden Name* Soffa Stert
7. *Mother's Birthplace* [redacted] Baltimore
8. *Full Name of Father* Muckel Stert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thagie Ettel

Address No 13 Cubia Street

Remarks

46181

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of March
4. *Place of Birth, (Street and Number)* 17 Larson St. Canton
5. *Full Name of Mother,* Annie Jubb.
6. *Mother's Maiden Name,* Elliott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Henry Jubb.
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11 6182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1881
4. *Place of Birth (Street and Number)* Cross Street No 79
5. *Full Name of Mother* Elizebeth Irvan
6. *Mother's Maiden Name* Elizebeth Low
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Irvan
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

46183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th of March 1881
4. *Place of Birth (Street and Number)* Whatcoat st 16 Balto
5. *Full Name of Mother* Albenia Hoffman
6. *Mother's Maiden Name* Albenia Kuhn
7. *Mother's Birthplace* Manchester Pensylvania
8. *Full Name of Father* Josiah Hoffman
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. W. Bush

Address 175 Pressman st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4618 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1901 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* 236 Castel Str
5. *Full Name of Mother,* Katharina Fuka
6. *Mother's Maiden Name,* " " Cvach
7. *Mother's Birthplace,* Vosidan Bohemia
8. *Full Name of Father,* John Fuka
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Vosek Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefina Konrad

Address, 20 Barnes Str

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

46185

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 10th /81
4. *Place of Birth, (Street and Number)* 9 Wilmer Ally
5. *Full Name of Mother,* Louisa Wake
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Middlesex county va
8. *Full Name of Father,* Henry Wakes
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* north Carolina

Name of Medical Attendant, or other Person who makes this Return. Mary H Dorsey

Address, 83 Oxford St

Remarks,

(See other side for a Birth Certificate) with 1/2 [illegible] 46185 1/2

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March 1881
4. *Place of Birth, (Street and Number)* 30 Holland St
5. *Full Name of Mother,* Helen Frances
6. *Mother's Maiden Name,* Rigl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Francis
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Madame Illig

Address, 4 E Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-6187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 son

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th March 1881
4. *Place of Birth, (Street and Number)* Balto. Chappel st No 131
5. *Full Name of Mother,* Barbara Stina
6. *Mother's Maiden Name,* Bar Stina
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Franz Stina
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Draptsch

Address, 69 Washington st

Remarks, Mary Draptsch

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46188

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY:

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ch

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* March 10 1881
4. *Place of Birth, (Street and Number)* No 90 Green mt avenue
5. *Full Name of Mother* Louisa Widdifield
6. *Mother's Maiden Name* Louisa Burgan
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry C Widdifield
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin "

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1891
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 th.
4. *Place of Birth, (Street and Number)* Baltimore City 91 Ridgely St
5. *Full Name of Mother,* Katie Krieger
6. *Mother's Maiden Name,* " Leutner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Krieger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Allendorf Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4-6190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY!

HEALTH DEPARTMENT APR 5 1890 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 10th 1890

4. *Place of Birth, (Street and Number)* 187 Columbia Ave

5. *Full Name of Mother,* Henrietta C Stauffer

6. *Mother's Maiden Name,* Constant

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Geo M Stauffer

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Geo D Blake MD

Address, 1st Precinct

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) N.
3. *Date of Birth* March 10th. 1891
4. *Place of Birth* (Street and Number) S. E. Cor. Paca & Lafayette St.
5. *Full Name of Mother* Isabella Thomson
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Lawnestown Md
8. *Full Name of Father* Wm. Thomson
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Lawnestown Md.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Huff

Address 306 N. Fayette St.

Remarks

46192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 3, 11, 81
4. *Place of Birth (Street and Number)* 441 W. Pratt St
5. *Full Name of Mother* Margaret Wisnau
6. *Mother's Maiden Name* Weist
7. *Mother's Birthplace* Ball
8. *Full Name of Father* Geo Wisnau
9. *Father's Occupation* Boulter
10. *Father's Birthplace* Balo

Name of Medical Attendant, or other Person who makes this Return. L M Vashman

Address 3 4 9 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4619 3.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th
4. *Place of Birth, (Street and Number)* 374 Mc Henry St
5. *Full Name of Mother,* Sara Price
6. *Mother's Maiden Name,* Sara Willett
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Price
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Langan

Address, 485 W. Mc Henry St.

Remarks, twin baby wont live

Fine any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* March 11th
4. *Place of Birth, (Street and Number)* 374 McHenry St
5. *Full Name of Mother,* Sara Price
6. *Mother's Maiden Name,* Sara Willet
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Price
9. *Father's Occupation,* Sheo Maker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible] Lemany

Address, 435 W. McHenry St

Remarks, twin baby not quite so [illegible] have a little hopes of this one

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 11 March

4. *Place of Birth, (Street and Number)* 6 E Lombard

5. *Full Name of Mother,* Nina Abraham

6. *Mother's Maiden Name,* Stein

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Nelson Abraham

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Pearl Carter

Address, 22 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

46196

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 March
4. *Place of Birth, (Street and Number)* 117 Albemarle
5. *Full Name of Mother,* Anie Radshford
6. *Mother's Maiden Name,* Brein
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Thomas Radshford
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 11th 1881.
4. *Place of Birth, (Street and Number)* # 41 E. Eager. Street
5. *Full Name of Mother* E. Mubly.
6. *Mother's Maiden Name* E. Bower.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* H. Mubly.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Hind Hillyard

Address 162 E. Hammond st.

Remarks

RETURN OF A BIRTH

46198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of March 1881.
4. *Place of Birth, (Street and Number)* Feladelpia Road.
5. *Full Name of Mother,* Kate Welsh.
6. *Mother's Maiden Name,* Kate Bond.
7. *Mother's Birthplace,* Baltimore conty.
8. *Full Name of Father,* Joe Bond.
9. *Father's Occupation,* B Farmer.
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 15
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 89
4. *Place of Birth, (Street and Number)*	# 321 Stamburg St
5. *Full Name of Mother,*	Mary Ferguson
6. *Mother's Maiden Name,*	Redale
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Ferguson
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Work
Address,	328 S. Eutaw St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46200

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11. 1881.
4. *Place of Birth, (Street and Number)* Baltimore City. Croox st 448
5. *Full Name of Mother,* Mary Bury
6. *Mother's Maiden Name,* Mary Willime
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Wiliam Bury
9. *Father's Occupation,* Flour Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Schaffer

Address, 114 Ridgle St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of March
4. *Place of Birth, (Street and Number)* Baltimore 13 Frederick Street
5. *Full Name of Mother,* Christina Eck
6. *Mother's Maiden Name,* Christina Engel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Eck
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Lawrence Mary J. Gaborne

Address, No 26, 20 Lorraine Place Baltimore Md.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46202

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 11 & March

4. *Place of Birth, (Street and Number)* 404 Alice Anna st

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Sallie Hunt

7. *Mother's Birthplace,* Manchester Co

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks, Called in Doctor Gately

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* 11th March
4. *Place of Birth,* (*Street and Number*) 162. Hill st
5. *Full Name of Mother,* Marrie Bernes
6. *Mother's Maiden Name,* " Plater
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bernes
9. *Father's Occupation,* Lember Saber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 124 Warner st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46204

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 11th 1881
4. *Place of Birth, (Street and Number)* Monument near Calvert St
5. *Full Name of Mother* Isabel Octavia Maddux
6. *Mother's Maiden Name* " " Betts
7. *Mother's Birthplace* England
8. *Full Name of Father* J. Clay Maddux, M.D.
9. *Father's Occupation* Physician
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(6th) Sixth
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1881
4. *Place of Birth, (Street and Number)*	317 E. Monument St.
5. *Full Name of Mother,*	Sarah Ann Gibson
6. *Mother's Maiden Name,*	" " Reilly
7. *Mother's Birthplace,*	Londendary Ireland.
8. *Full Name of Father,*	David Gibson
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo H Hayson M D
Address,	# 18 Aisquith St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. H. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1881
4. *Place of Birth, (Street and Number)*	246 E. Fayette St.
5. *Full Name of Mother,*	Mary Hurley Lusby Gifford
6. *Mother's Maiden Name,*	City
7. *Mother's Birthplace,*	Benjamin Franklin Lusby
8. *Full Name of Father,*	Clerk
9. *Father's Occupation,*	City
10. *Father's Birthplace,*	E. P. Chew M.D.
Name of Medical Attendant, or other Person who makes this Return.	406 E. Balto. St.
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

146207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday March 11th 1881
4. *Place of Birth, (Street and Number)*	115 Greenmount Ave
5. *Full Name of Mother,*	Annie Mette Biggins
6. *Mother's Maiden Name,*	Annie Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William W. L. Biggins
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	25 ½ Greenmount Ave
Remarks,	"Vertex Presentation"

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11th 1881
4. *Place of Birth, (Street and Number)* No 109 Duncan Alley.
5. *Full Name of Mother,* Louisa Neumeister
6. *Mother's Maiden Name,* " Knoblock
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Neumeister
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz.

Address, 120 Bank. st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 46209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* 11th March 1881
4. *Place of Birth, (Street and Number)* 32 S. Eden
5. *Full Name of Mother* Laura Gill
6. *Mother's Maiden Name* " Phillips
7. *Mother's Birthplace* Md
8. *Full Name of Father* Francis Gill
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. H W Mitchell MD

Address 57 Barney

Remarks

46210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 11th 1881
4. *Place of Birth (Street and Number)* No. 40 Perkins st.
5. *Full Name of Mother* Lizzie Smoot
6. *Mother's Maiden Name* Lizzie Potee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hiram Smoot
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Mercer

Address No. 136 McHenry st Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

46211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* 12 March
4. *Place of Birth, (Street and Number)* 80 N Howard
5. *Full Name of Mother,* Therese Thirof
6. *Mother's Maiden Name,* Bollner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michel Thirof
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46213

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Twelfth of March
4. *Place of Birth, (Street and Number)* Baltimore No. 3 Bakers Court
5. *Full Name of Mother,* Mary Christine Reinhardt
6. *Mother's Maiden Name,* Mary Christine Wurach
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Henry Reinhardt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Allendorff Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach No. 439 W. Fratt St.

Address,

Remarks,

Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH

46215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 12. 1881.
4. *Place of Birth, (Street and Number)*	53 E. Pratt St.
5. *Full Name of Mother,*	Amelia B. Higgs
6. *Mother's Maiden Name,*	Amelia B. Ricky.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Jno. W. Higgs.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. Powell M.D.
Address,	227 Canton Ave.
Remarks,	Child Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* "Colored" (Black)

3. *Date of Birth,* March 12th 1881 5½ P.M.

4. *Place of Birth, (Street and Number)* Maternité Hospital

5. *Full Name of Mother,* Maria Allen

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Unknown

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Sitting

Address, Maternité Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th March
4. Place of Birth (Street and Number) No. 128 Harlem Ave.
5. Full Name of Mother Virginia Peyton Webb.
6. Mother's Maiden Name " " Loane.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Wesley Webb.
9. Father's Occupation Grocer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charles A. Geiger. M. D.

Address No. 165 Argyle Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46218

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 12 – 1881
4. *Place of Birth, (Street and Number)* No 356 Light st
5. *Full Name of Mother,* Louise Kramer
6. *Mother's Maiden Name,* Beker
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Henry Kramer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return J. Lobwasser midwife

Address, 330 Hanover st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child.
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	March 12th 1881.
4. *Place of Birth (Street and Number)*	No 2 Gallagher's Court.
5. *Full Name of Mother*	Hanora Welsh
6. *Mother's Maiden Name*	Hanora Goren
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Welsh
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel A. Garrett
Address	No 65 Burke Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 81
4. *Place of Birth, (Street and Number)* # 230 Forest st
5. *Full Name of Mother,* Johanne Johnidt
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Hessen Hessendarmstadt
8. *Full Name of Father,* John Johnidt
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, 328 E Eutaw St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of March 1889
4. *Place of Birth, (Street and Number)* No 786 Hanover St
5. *Full Name of Mother,* Mary Tonnell
6. *Mother's Maiden Name,* Mary Bornsleyle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Whilliam Tonnell
9. *Father's Occupation,* Laborbor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Griesheber

Address, No 128 West St. Mark

Remarks,

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46222

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March the 12, 1881
4. *Place of Birth, (Street and Number)* 25 berrel street
5. *Full Name of Mother,* Lizzy ridgley
6. *Mother's Maiden Name,* Lizzy denward
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Cormelis ridgley
9. *Father's Occupation,* Express may
10. *Father's Birthplace,* Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return. Milley Grass

Address, 181 Yark street

Remarks,

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	American White
3. *Date of Birth,*	March 12th
4. *Place of Birth, (Street and Number)*	214 Madison Ave Bal. Md
5. *Full Name of Mother,*	Mrs Edwin G. Reynolds
6. *Mother's Maiden Name,*	Miss Josie C. G. Smith
7. *Mother's Birthplace,*	Kingston Ulster Co. New York
8. *Full Name of Father,*	Edwin Gilbert Reynolds
9. *Father's Occupation,*	Shirt Manufacturer
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner
Address,	45 Monroe St
Remarks,	

HEALTH DEPARTMENT MAR 16 1891 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

46224

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 16 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12
4. *Place of Birth, (Street and Number)* Madison St 118
5. *Full Name of Mother,* Lowease Laurie
6. *Mother's Maiden Name,* Lowease Helbing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert G Laurie
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Winchester Va

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, N 26 W Franklin St Baltimore Md

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 d March 1881
4. *Place of Birth, (Street and Number)*	No 95 Giles Street
5. *Full Name of Mother,*	Mary Cooney
6. *Mother's Maiden Name,*	Mary Burke
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Cooney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	No 95 Odenwald Street
Remarks,	City

JOHN B. PIET, PRINTER & STATIONER, BALT.

46226

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of March 1881
4. *Place of Birth, (Street and Number)* 159 gough st
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " Armstrong
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel ~~George~~ Smith
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks, Called in Docter Wilkins

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12
4. *Place of Birth, (Street and Number)* No 282 Bank Street Baltimor
5. *Full Name of Mother,* Mary Ann Messick
6. *Mother's Maiden Name,* Mary A Murphy
7. *Mother's Birthplace,* Irland Cork
8. *Full Name of Father,* James H Messick
9. *Father's Occupation,* Engineer etc Machinist
10. *Father's Birthplace,* Dorchester County Marylans

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary A. Dorman

Address, 1935 Eastern ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1881
4. *Place of Birth (Street and Number)* 17 Mulberry St.
5. *Full Name of Mother* Mollie Stewart
6. *Mother's Maiden Name* Suckett
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Frederick A Stewart
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J H Scarff M.D.

Address 4 Cathedral St.

Remarks Cord covered by true skin over 3 inches from Umbilicus —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16229

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	12 March 1881
4. *Place of Birth (Street and Number)*	Vine Street 145
5. *Full Name of Mother*	Regina Fuhr
6. *Mother's Maiden Name*	Regina Grob
7. *Mother's Birthplace*	Bieber — Hessia — Germany
8. *Full Name of Father*	August Fuhr
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Biedenkopf — Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Reinhard
Address	224 West Fayette Street
Remarks	

RETURN OF A BIRTH

46230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	march 12 th
4. *Place of Birth, (Street and Number)*	no 84 pleasant alley
5. *Full Name of Mother,*	elizebath johnson
6. *Mother's Maiden Name,*	elizebeth johnson
7. *Mother's Birthplace,*	st mary county md
8. *Full Name of Father,*	
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	st mary county md
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	114 patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

46231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1891 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th March

4. Place of Birth (Street and Number) 112 N. Broadway

5. Full Name of Mother Mary L. Boettinger

6. Mother's Maiden Name " " Claus

7. Mother's Birthplace Balto

8. Full Name of Father George W. Boettinger

9. Father's Occupation Watch-maker

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

46232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 March
4. *Place of Birth, (Street and Number)* 24 Mott Str.
5. *Full Name of Mother,* Josefiene Vilek
6. *Mother's Maiden Name,* " " Kirk.
7. *Mother's Birthplace,* Vosek Bohemia
8. *Full Name of Father,* Frank Vilek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Kvetou Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes Str.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 46238

HEALTH DEPARTMENT
MAR
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12th March 1881.
4. *Place of Birth, (Street and Number)* 261 N. W. Corner Broadway
5. *Full Name of Mother* Maria T. Grothaus.
6. *Mother's Maiden Name* Maria T. Richter.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Wilhelm G. Grothaus
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Prussia, Germany.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

462314

HEALTH DEPARTMENT
APR
1891
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth March 12th 1891

4. Place of Birth (Street and Number) 472 E. Eager st

5. Full Name of Mother Almira Alice Hepburn

6. Mother's Maiden Name " " Hall

7. Mother's Birthplace Baltimore City

8. Full Name of Father David A. Hepburn

9. Father's Occupation Carpenter

10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N. W. Cor Broadway & Madison st

Remarks

46235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 12th 1881
4. *Place of Birth (Street and Number)* 28 Washington Avenue
5. *Full Name of Mother* Josephine Braddon Byron
6. *Mother's Maiden Name* Josephine Braddon Hamilton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles H. J. M. Byron
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Coltman

Address 343 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
4
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12 1881
4. *Place of Birth, (Street and Number)* 606 Creek st
5. *Full Name of Mother,* Annie Leybold
6. *Mother's Maiden Name,* Annie Krogmann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Paul Leybold
9. *Father's Occupation,* Boots and shoes Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Dr. C. Ward

Address, 1 Southwood Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 2d 1881

4. *Place of Birth, (Street and Number)* 67 Paca St.

5. *Full Name of Mother,* Mary [illegible] Hoffman

6. *Mother's Maiden Name,* " Boland

7. *Mother's Birthplace,* Ireland.

8. *Full Name of Father,* Henry Hoffman

9. *Father's Occupation,* Fireman B & O. R. R.

10. *Father's Birthplace,* Phil. Penn.

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman.

Address, 435 N. Mc Henry St.

Remarks, A Healthy Child.

JOHN D. PIET, PRINTER & STATIONER, BALT.

46238

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th 12th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 12th 1881
4. *Place of Birth, (Street and Number)* # 76 Barre St.
5. *Full Name of Mother* Louisa Hadaway
6. *Mother's Maiden Name* " " Meeks
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm H Hadaway
9. *Father's Occupation* Tobaconist
10. *Father's Birthplace* Kent Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Margt A. Richmond

Address 195 Lee St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46239

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12/86
4. *Place of Birth, (Street and Number)* #212 S Bond St
5. *Full Name of Mother,* Mary Dacon
6. *Mother's Maiden Name,* Leitheiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dacon
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

...of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46240

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* " "
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* 46 Eastern Av
5. *Full Name of Mother,* Marie Franca
6. *Mother's Maiden Name,* Bertam
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* Jams Franca
9. *Father's Occupation,* Mashinist
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

462441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 13th 1881

4. *Place of Birth, (Street and Number)* Maternité Hospital

5. *Full Name of Mother,* Margaret Minnie Griffith

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Unknown

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Sitting M.D.

Address, Maternité Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46242

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Second
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of March 1881
4. *Place of Birth, (Street and Number)* No 37 James Ave.
5. *Full Name of Mother,* Lissey Spitze
6. *Mother's Maiden Name,* Lissey H Sedon
7. *Mother's Birthplace,* Brown
8. *Full Name of Father,* Frank Spitz
9. *Father's Occupation,* Lumber
10. *Father's Birthplace,* Bremer

Name of Medical Attendant, or other Person who makes this Return. Sabine Stricker

Address, No 126 West St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1881
4. *Place of Birth, (Street and Number)* 19 162 Fremont Street
5. *Full Name of Mother,* Liggie Martin
6. *Mother's Maiden Name,* " Krantzer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. Martin
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmidt

Address, No 528 Penna Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

46244

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13th 1880
4. *Place of Birth, (Street and Number)* 47 W Balto St - City
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary - Fifth
7. *Mother's Birthplace,* Belfast - Ireland
8. *Full Name of Father,* John Johnson
9. *Father's Occupation,* Salesman & Clerk
10. *Father's Birthplace,* Belfast - Ireland

Name of Medical Attendant, or other Person who makes this Return Dr. [illegible] Roberson

Address, [illegible] No 26. [illegible] Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46245
46246

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d twins.

1. *Sex (state whether male or female)* bought Males.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 13th 1881.
4. *Place of Birth, (Street and Number)* Belair road No. number opposite Schuh's Road
5. *Full Name of Mother* Lena Heckele.
6. *Mother's Maiden Name* Lena Hood.
7. *Mother's Birthplace* Philadela
8. *Full Name of Father* Albert Heckele.
9. *Father's Occupation* Beer. Brewer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Heno Hallegirst

Address 182 Monument st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13th 1881
4. *Place of Birth (Street and Number)* E. Lombard St near Canal
5. *Full Name of Mother* Eva ~~Neus~~ May
6. *Mother's Maiden Name* Eva Neus
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George May
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. O. Dohme M.D.

Address # 86 E. Fayette Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Four.

1. *Sex (state whether Male or Female)* 2 male 2 female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 13th 1881.
4. *Place of Birth (Street and Number)* Balt city McElderry St. Fourth
5. *Full Name of Mother* Lydie Anna McClelland.
6. *Mother's Maiden Name* " " " Myers.
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Robert John McClelland
9. *Father's Occupation* Fish dealer.
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this return Henrietta Glascoe

Address 294 East McElderry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

16250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 13th 1881
4. *Place of Birth, (Street and Number)* Baltimore Ramsey alley 16
5. *Full Name of Mother* Carry A. Niles
6. *Mother's Maiden Name* A. Gantz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Niles
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 18 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 13 1881
4. *Place of Birth, (Street and Number)*	44 West St
5. *Full Name of Mother*	Eudora S Erich
6. *Mother's Maiden Name*	" " Sedford
7. *Mother's Birthplace*	Richmond
8. *Full Name of Father*	John Erich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Norway
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

46252

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of April
4. *Place of Birth, (Street and Number)* No 18 Columbus St
5. *Full Name of Mother,* Elisabeth Feldner
6. *Mother's Maiden Name,* Elisabeth Schweiskert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Luis Feldner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Babila Cleshee

Address, No 28 Wash

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13
4. *Place of Birth (Street and Number)* 1125 Hughes St
5. *Full Name of Mother* Lucy J. Brown
6. *Mother's Maiden Name* Lucy J. Barnett
7. *Mother's Birthplace* Cold Springs Cape May Co N J
8. *Full Name of Father* Joseph E. Brown
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Green Creek Cape May Co N J

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address 26 Front St

Remarks

RETURN OF A BIRTH

1162511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* 46 Barnes St
5. *Full Name of Mother,* Anna Seug
6. *Mother's Maiden Name,* " Kranac
7. *Mother's Birthplace,* Silberberg Bohemia.
8. *Full Name of Father,* Wenzel Seug
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Pacir Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 120 Barnes St

Remarks,

JOHN S. DIET, PRINTER & STATIONER, BALT.

46255

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 March 1881
4. *Place of Birth, (Street and Number)* Balto. Fayette st No 426
5. *Full Name of Mother,* M. Mathous
6. *Mother's Maiden Name,* Mo. Dvorak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* J. Mathous
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return May Koptisch

Address, 69 Washington st

Remarks, May Koptisch

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1881
4. *Place of Birth, (Street and Number)* N 320 N. Broadway
5. *Full Name of Mother,* Mary Ellen Cremen
6. *Mother's Maiden Name,* Mary Ellen Shannepey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephen A. Cremen
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D

Address, N 114 Park ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

The any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46257

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-te

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Weis.
3. *Date of Birth,* 13. März
4. *Place of Birth, (Street and Number)* 150. Piere-Stret Baltimore.
5. *Full Name of Mother,* Anna Louise Reibert
6. *Mother's Maiden Name,* Anna Louise Purfürst
7. *Mother's Birthplace,* Neustadt a. d. Orla. Grosherzogthum Sachsen. Weimar
8. *Full Name of Father,* Ernst Reibert
9. *Father's Occupation,* ~~Hin~~ Stan-Bollisken.
10. *Father's Birthplace,* Himbach. Hessen-Darmstadt

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dunler

Remarks, No 60 Schroder St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday March 13th 1881
4. *Place of Birth, (Street and Number)*	24 N. Eager St.
5. *Full Name of Mother,*	Ella Killduff
6. *Mother's Maiden Name,*	Ella Flaggett
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Hubert Killduff
9. *Father's Occupation,*	Gentleman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	25½ Greenmount Ave
Remarks,	Vertex Presentation

RETURN OF A BIRTH

11625?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1851 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	March 13th 185
4. *Place of Birth, (Street and Number)*	178 Gay St.
5. *Full Name of Mother,*	Mary Louisa Kappler
6. *Mother's Maiden Name,*	" " Barkley
7. *Mother's Birthplace,*	Harford County Md.
8. *Full Name of Father,*	John Kappler
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Miss Münch
Address,	9 Lendenhall St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

16260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13. 1881
4. *Place of Birth, (Street and Number)* 277 E. Lombard St.
5. *Full Name of Mother,* Jennie Kircher
6. *Mother's Maiden Name,* Jennie Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anthony Kircher
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich, M.D.

Address, 94 S. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46261

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13/81
4. *Place of Birth, (Street and Number)* #49 S. Bethel
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* " " " Werner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Miller
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

46262

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 14th 1881.
4. *Place of Birth, (Street and Number)* #43 Chew Street.
5. *Full Name of Mother* Jennie Smith.
6. *Mother's Maiden Name* Jennie Schaefer.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Louis M. Smith.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* New York.

Name of Medical Attendant, or other Person who makes this Return. Lend Hillegiest

Address 182 E. Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1881
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Lucie L Davis
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return L. L. Bruning M.D.

Address, Maternite

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1162614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14th 1881
4. *Place of Birth, (Street and Number)* No 230 Fremont st
5. *Full Name of Mother,* Josephine Fairbanks
6. *Mother's Maiden Name,* Dell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Fairbanks
9. *Father's Occupation,* Instrument maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwarzrock midwife

Address, 330 Hanover st

Remarks,

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#46265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NO
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* ~~Colored~~ male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 14 1881
4. *Place of Birth, (Street and Number)* No 3 between Lombard & Pratt no name
5. *Full Name of Mother,* Jennie walter
6. *Mother's Maiden Name,* Jennie Davis
7. *Mother's Birthplace,* Anarundal Co
8. *Full Name of Father,* David Walter
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Leah walter

Address, 15 Duncan alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 14.

4. Place of Birth (Street and Number) 512 Wind Hill Av

5. Full Name of Mother Julia Dunniker

6. Mother's Maiden Name Julia Smith

7. Mother's Birthplace Maryland

8. Full Name of Father Marian Dunniker

9. Father's Occupation Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. A Tinsley Md

Address 380 Wind Hill Av

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

462607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE

Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 14th 1881

4. *Place of Birth, (Street and Number)* 73 Harrison

5. *Full Name of Mother,* Catherine Bowen

6. *Mother's Maiden Name,* Catherine Thorn

7. *Mother's Birthplace,* Queen's Co. Ire

8. *Full Name of Father,* Jeremiah Bowen

9. *Father's Occupation,* Slate Dealer

10. *Father's Birthplace,* Talbot Co. Md

Name of Medical Attendant, or other Person who makes this Return. Richard Clark M.D.

Address, 146 Hanover

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

146268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14th 1881
4. *Place of Birth, (Street and Number)* No 129 West St
5. *Full Name of Mother,* Mary Belt
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Frank Belt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

4629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 1st 1881
4. *Place of Birth, (Street and Number)* Baltimore Parkin St. No. 111
5. *Full Name of Mother* Ellen Beadencap
6. *Mother's Maiden Name* Russle,
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Beadencap
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 38 Parkin st.

Remarks

46270

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* march 14 1881
4. *Place of Birth, (Street and Number)* 188 South register street
5. *Full Name of Mother* Sarah E dotson
6. *Mother's Maiden Name* Sarah E Casey
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* George W dotson
9. *Father's Occupation* Wire worker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner [redacted]

Address 153 Collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46271

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 14 of March
4. *Place of Birth, (Street and Number)* No 94 Sommerset St
5. *Full Name of Mother* Mage Hoffman
6. *Mother's Maiden Name* Mage Dolmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henney Dolmeier
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 173 Harlesom

1801

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116372

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 14 1881
4. *Place of Birth, (Street and Number)* 96 Cross
5. *Full Name of Mother* Catherine Walker
6. *Mother's Maiden Name* Hoffman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Walker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

116973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 14 1881
4. *Place of Birth (Street and Number)* 77 E. Biddle St
5. *Full Name of Mother* Theresa Bopp
6. *Mother's Maiden Name* Theresa Sidler
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* John L Bopp
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Louisa A C Overton

Address 390 N Washington st

Remarks Healthy

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46274

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th March
4. *Place of Birth, (Street and Number)* No 197 Orleans st.
5. *Full Name of Mother,* Margrette Rothenberger.
6. *Mother's Maiden Name,* Kessler.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. W. Rothenberger.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46275

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14 - 1881
4. *Place of Birth, (Street and Number)* No 46 Belair Ave
5. *Full Name of Mother,* Kate L. Lewis
6. *Mother's Maiden Name,* Kate L. Rich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank L. Lewis
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mary A Attwell

Address, 786 N. Donoghue st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

463776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd in Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14/87
4. *Place of Birth, (Street and Number)*	465 East av.
5. *Full Name of Mother,*	Catherine Smith
6. *Mother's Maiden Name,*	" Frany
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Geo. Smith
9. *Father's Occupation,*	Ship Joiner
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address,	117 S. Broadway.
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46277

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Monday March 14 1881
4. Place of Birth (Street and Number)	Born in No 10 Wasche Street
5. Full Name of Mother	Georganna Rice
6. Mother's Maiden Name	Georganna Willis
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Rice
9. Father's Occupation	Farther Waiter
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mr. Arthur Johnson
Address	92 Tyson Street
Remarks	

RETURN OF A BIRTH

46278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 29 1881 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	3d
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	14th March 1881
4. *Place of Birth,* (*Street and Number*)	115 S. Wolfe St
5. *Full Name of Mother,*	Annie Catherine Gardner
6. *Mother's Maiden Name,*	Hepburn
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Anthony Baum Gardner
9. *Father's Occupation,*	Cigar Packer
10. *Father's Birthplace,*	~~Md~~ New York
Name of Medical Attendant, or other Person who makes this Return.	E. F. Burns M.D.
Address,	404 E. Balto St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

46279

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th March 1881
4. *Place of Birth, (Street and Number)*	193 N. Wolfe St. (Wolfe St.)
5. *Full Name of Mother,*	Emma Cordelia Cronhardt.
6. *Mother's Maiden Name,*	Jessop
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	John Cronhardt
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address,	406 E. Balto. St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 9-3-54

46280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Elmer Ellsworth Shipley

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 14 1881
4. Place of Birth (Street and Number) # 427 Carey St
5. Full Name of Mother Florence Ann Shipley
6. Mother's Maiden Name Florence Ann Warfield
7. Mother's Birthplace Howard Co
8. Full Name of Father Samuel T Shipley
9. Father's Occupation Carpenter
10. Father's Birthplace Howard Co

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address No 1 N Boundary Ave

Remarks Balto Co

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 te

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14. 1881
4. *Place of Birth, (Street and Number)* S. Schappel str. No
5. *Full Name of Mother,* Josephine Lange
6. *Mother's Maiden Name,* Gross
7. *Mother's Birthplace,* Kur Hessen
8. *Full Name of Father,* Franz Lange
9. *Father's Occupation,* Talar
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh Reubach

Address, S Wolf str No 14

Remarks, Midwife

JOHN B. PIET, PRINTER & STATIONER, BALT.

1.62821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14. 81.
4. Place of Birth (Street and Number)	360 Lanvale St —
5. Full Name of Mother	Emily Wetter
6. Mother's Maiden Name	" Parish
7. Mother's Birthplace	Balto. Md —
8. Full Name of Father	Lewis C. Wetter
9. Father's Occupation	Salesman —
10. Father's Birthplace	Balto Co. Md —
Name of Medical Attendant, or other Person who makes this Return.	Jno J. King, MD
Address	215 N. Carrollton av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
16
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 15 1881
4. *Place of Birth, (Street and Number)* 78 Ams Alley
5. *Full Name of Mother,* Josephine Thomas
6. *Mother's Maiden Name,* Josephine Sledin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Hall
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address, 15 Duncan alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1162814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* March 15th 1881
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Alice Carr
6. *Mother's Maiden Name,* "South"
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Bitting M.D

Address, Maternite Hospital

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46285

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 15th 1881.
4. *Place of Birth, (Street and Number)* #260. North Front st.
5. *Full Name of Mother* Mary Morgan
6. *Mother's Maiden Name* Mary Burns.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John J. Morgan.
9. *Father's Occupation* Silver Plater.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Wright

Address 162. E. Pratt. st.

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 46286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1881
4. *Place of Birth, (Street and Number)* Fort Ave No 80
5. *Full Name of Mother,* Georgeann Caswell
6. *Mother's Maiden Name,* do do Guest
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Robbert Caswell
9. *Father's Occupation,* Ship carpenter
10. *Father's Birthplace,* new port R. Island

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 S. Charles St

Remarks,

[illegible], midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

46287

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

...of Mother, (state whether 1st, 2d, 3d, &c.)	5
...te whether male or female)	Female
...r Color, (if not of the white race)	White
...of Birth	March 15 1881
...e of Birth, (Street and Number)	118 Johnson St
Name of Mother	Elizabeth Wahl
...'s Maiden Name	" " Stank
...s Birthplace	Hasson
...ame of Father	Charles Wahl
... Occupation	Wagoner
... Birthplace	Cashson
Medical Attendant, or other Person who makes this Return.	Mrs Amy Nash

...at any Physician ...

46258

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

ny Physician, accoucher , midwife, or other person in charge, who shall attend, assist or ...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th March
4. *Place of Birth, (Street and Number)*	32 S. Eutaw St
5. *Full Name of Mother,*	Mary Born
6. *Mother's Maiden Name,*	Mary Mueller
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	Henry Born
9. *Father's Occupation,*	Iron
10. *Father's Birthplace,*	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Schleifer
Address,	Columbia St near
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

46289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* mar 15
4. *Place of Birth, (Street and Number)* 117 north centerall [illegible]
5. *Full Name of Mother,* mary sophia myrre
6. *Mother's Maiden Name,* not married
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. mrs lee johnson

Address, no 18 short st

Remarks, healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of March
4. *Place of Birth, (Street and Number)* No Wintling
5. *Full Name of Mother,* Margret Kole
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Kohler
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

46291

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

William Bell Weaver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* march 15 th 1881
4. *Place of Birth, (Street and Number)* no 130 henryetta St
5. *Full Name of Mother,* liley ann weaver
6. *Mother's Maiden Name,* liley ann Lewis
7. *Mother's Birthplace,* virginnia
8. *Full Name of Father,* John Weaver
9. *Father's Occupation,* see man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter

Address, no 4 patapsco avenue

Remarks, GIVEN NAME ADDED: 6-3-53 healthy Child

L.M.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) —
3. Date of Birth March 15-1881-
4. Place of Birth (Street and Number) #455- E. Chase St-
5. Full Name of Mother Laura J Minnick
6. Mother's Maiden Name " " Hooper
7. Mother's Birthplace Baltimore Md-
8. Full Name of Father John R. Minnick
9. Father's Occupation Tinner & Plumer
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. G. F. Taylor M.D.

Address 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46293

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1881
4. *Place of Birth, (Street and Number)* 194 N. Caroline St
5. *Full Name of Mother,* Sarah Jane Kane
6. *Mother's Maiden Name,* " " Mates
7. *Mother's Birthplace,* Wicklow County Ireland.
8. *Full Name of Father,* James Kane
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Londendary Ireland

Name of Medical Attendant, or other Person who makes this Return Geo W Wayson M D

Address, # 18 Arsquith St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4 62 94

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1881
4. *Place of Birth, (Street and Number)* No 172 Orleans St.
5. *Full Name of Mother,* Cinderella Lentz
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Lentz.
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mrs M. A. Butt.

Address, No 185 S. E. cor Central av & Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46295

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 15th 1881
4. *Place of Birth, (Street and Number)*	25 Short St
5. *Full Name of Mother,*	Rachell A. Somerville
6. *Mother's Maiden Name,*	Rachell A. Locks
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	James Somerville
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	# 5 Garrett St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN P. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46296

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 15th 1881.
4. *Place of Birth, (Street and Number)* # 6 Abraham Stwt.
5. *Full Name of Mother* Emma J. ~~Harrison~~ Anderson.
6. *Mother's Maiden Name* Emma J. Harrison
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Charles H. Anderson
9. *Father's Occupation* ~~Blacksmith~~ Horse shoe maker.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Levi Hillegeist

Address 182 East Monument st.

Remarks

46297

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 10 to

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 15 1881
4. *Place of Birth, (Street and Number)* N. Wolfstr No. 22
5. *Full Name of Mother,* Josephine Griger
6. *Mother's Maiden Name,* Brunne
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* August Griger
9. *Father's Occupation,* Kapetweber
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Baubach

Address, S. Wolfstr No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	March 15, 1881
4. *Place of Birth, (Street and Number)*	25 N. Collington Ave.
5. *Full Name of Mother,*	Catherine E. Phillips
6. *Mother's Maiden Name,*	Catherine E. Potter
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Wm Phillips
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M.D.
Address,	44 S. Broadway.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1881
4. *Place of Birth (Street and Number)* 68 Arlington av
5. *Full Name of Mother* Lavinia F King
6. *Mother's Maiden Name* Lavinia Fackler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Franklin King
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. N S Hammond M D

Address 614 N Paca St

Remarks Natural Labor

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

16300

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 16 1881
4. *Place of Birth, (Street and Number)*	499 W. Lombard St
5. *Full Name of Mother,*	Louisa Hirsh
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other Person who makes this Return.	D. S. Scott M.D.
Address,	143 N. Exeter St
Remarks,	Position L.O.L. a- delivered by forceps- both doing well W.S-

46301

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 16th 1881.
4. *Place of Birth, (Street and Number)* No. 29 Willow Street
5. *Full Name of Mother* Catherine McGinnity
6. *Mother's Maiden Name* Catherine Schellenberger.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Henry McGinnity Jr.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address 182 E Monument st.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4 6302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 th 1881
4. *Place of Birth, (Street and Number)* No 362 Hanover st
5. *Full Name of Mother,* Louise Groscup
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John L Groscup
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Schaaffer midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

14303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 15 1881

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1881
4. *Place of Birth, (Street and Number)* 284 Dallas St.
5. *Full Name of Mother,* Katie Winnen
6. *Mother's Maiden Name,* Katie Wiederstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Winnen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arend

Address, 137 South Wolfe St.

Remarks, No

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4-63144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 17 1881

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1881
4. *Place of Birth, (Street and Number)* 159 Washington St
5. *Full Name of Mother,* Barbara Deur
6. *Mother's Maiden Name,* Barbara Manchman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michial Deur
9. *Father's Occupation,* Basketmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Howard

Address, 157 South Hoy St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 th
4. *Place of Birth, (Street and Number)* 287 W. Pratt St.
5. *Full Name of Mother,* Martha Rauch
6. *Mother's Maiden Name,* Martha Schoeler
7. *Mother's Birthplace,* Volkmarsen Prince Hessen
8. *Full Name of Father,* Wm Schoeler
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Volkmarsen Prince Hessen.

Name of Medical Attendant, or other Person who makes this Return. Alois Schleifer

Address, 20 Columbia Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46306

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March
4. *Place of Birth, (Street and Number)* 38 Lepis rt
5. *Full Name of Mother,* Alice Gillmore
6. *Mother's Maiden Name,* Alice Pinkett
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Ned Gillmore
9. *Father's Occupation,* Wagonner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address, No 1 Erhart st

Remarks, healthy Child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46307

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* mar 16
4. *Place of Birth, (Street and Number)* 36 mc Eldry st
5. *Full Name of Mother,* jennie harris
6. *Mother's Maiden Name,* jennie scest
7. *Mother's Birthplace,* glocesterco pa
8. *Full Name of Father,* henry harris
9. *Father's Occupation,* cook
10. *Father's Birthplace,* mil sex pa

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address, no 11 [illegible] st

Remarks, healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th
4. *Place of Birth, (Street and Number)* No 196 Hayette st.
5. *Full Name of Mother,* Mary Hilgemann
6. *Mother's Maiden Name,* Staub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hilgemann.
9. *Father's Occupation,* Saler work.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Grundy st.

Remarks,

JOHN B. DIET, PRINTER & STATIONER, BALT.

46309

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of March
4. *Place of Birth, (Street and Number)* No 11 Cassell Al
5. *Full Name of Mother,* Bridget Corner
6. *Mother's Maiden Name,* " Hanlon
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Barney Corner
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Baltimore ~~Irland~~

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks, Call I m Doctor Gately

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of March
4. *Place of Birth, (Street and Number)* 429 Eastern Ave
5. *Full Name of Mother,* Mary Dorman
6. *Mother's Maiden Name,* Stubey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Dorman
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 #41

1. *Sex (state whether male or female)* Male Born on the 16th/81
2. *Race or Color (if not of the white race)* White
3. *Date of Birth*
4. *Place of Birth (Street and Number)* No 12 Williamson St
5. *Full Name of Mother* Matilda C Shaffer
6. *Mother's Maiden Name* " " " Parker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. C. Shaffer
9. *Father's Occupation* China Packer
10. *Father's Birthplace* 42 Shinnetta St

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conaway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) white
3. Date of Birth 16 march
4. Place of Birth (Street and Number) stockholm 28
5. Full Name of Mother bettie grommar
6. Mother's Maiden Name bettie rought
7. Mother's Birthplace germany
8. Full Name of Father henry grommar
9. Father's Occupation brick lair
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kraning

Address No 6 washington av

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-1-57

RETURN OF A ~~BIRTH~~

46313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1891 BALTIMORE

Name: Bernard Myer Rosenthal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(3rd) Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16th 1891
4. *Place of Birth, (Street and Number)*	410 E Monument St
5. *Full Name of Mother,*	Sarah Rosenthal
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Hamburg Germany
8. *Full Name of Father.*	Hiram Rosenthal
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Russia Shozdnick
Name of Medical Attendant, or other Person who makes this Return	Geo H Grayson M D
Address,	# 18 Aisquith St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

463/14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1881
4. *Place of Birth, (Street and Number)* No 23 Miller St.
5. *Full Name of Mother,* Minna Miller
6. *Mother's Maiden Name,* Minna Hammel
7. *Mother's Birthplace,* Hessen Darmstate Germany
8. *Full Name of Father,* August Miller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Hessen Darmsate Ger.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. A Butt.

Address, No 185 S.E. cor Centree av & Monument St.

Remarks, All Well

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th March 1881
4. *Place of Birth, (Street and Number)* Balto. Washington St No 177
5. *Full Name of Mother,* Mary Novak
6. *Mother's Maiden Name,* Mary Hajek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Novak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Hospital

Address, 59 Washington St

Remarks, Mary Hospital

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 16 March 81.
4. *Place of Birth (Street and Number)* 75 S. Carolina st.
5. *Full Name of Mother* Mary Catterine Shields
6. *Mother's Maiden Name* " " Kalpsin
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Robert Nelson Shields
9. *Father's Occupation* Carrier
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Pierre G. Donaldson

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

46317

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 16 1881
4. *Place of Birth, (Street and Number)* 256 Calhoun St
5. *Full Name of Mother* Lizzie Fehr
6. *Mother's Maiden Name* Lizzie Lechner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sebastiend Fehr
9. *Father's Occupation* Welldiger
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meseinzel

Address 345 Emmanuel

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 16 March 1881
4. *Place of Birth, (Street and Number)* 110 Light Street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Ida Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address 70 Pleasant Street

Remarks Mother still [illegible] daily [illegible]

46319

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 te

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16. 1881
4. *Place of Birth, (Street and Number)* Freemont Av. No 41
5. *Full Name of Mother,* Pauline Gustavus
6. *Mother's Maiden Name,* Able
7. *Mother's Birthplace,* Wittenberg
8. *Full Name of Father,* Peter Gustavus
9. *Father's Occupation,* Brocker
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Baubach

Address, S Wolfstr No 14

Remarks, Midwife

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

116320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* On 16th March
4. *Place of Birth, (Street and Number)* No 44 Leadenhall St
5. *Full Name of Mother,* Christiena Stroh
6. *Mother's Maiden Name,* Christiena Unkel
7. *Mother's Birthplace,* Bedenkopp. Germany
8. *Full Name of Father,* Daniel Stroh
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Allendorf. Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

463.27

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1881
4. *Place of Birth, (Street and Number)* No. 165 S. Chester St.
5. *Full Name of Mother,* Mary Barrett
6. *Mother's Maiden Name,* Flynn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bartholomew Barrett
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 244 Bank St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46322

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1881
4. *Place of Birth, (Street and Number)* 518 Cross St
5. *Full Name of Mother,* Annie K Crawford
6. *Mother's Maiden Name,* " " Wentz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Saml R. Crawford
9. *Father's Occupation,* —
10. *Father's Birthplace,* City of Balto

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake

Address, 168 W Pacific St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16/01
4. *Place of Birth, (Street and Number)* #184 S. Caroline Str
5. *Full Name of Mother,* Florenz Schwarzenbach
6. *Mother's Maiden Name,* Lisek
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schwarzenbach
9. *Father's Occupation,* Sink cleaner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, # 236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46324

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 /81
4. *Place of Birth, (Street and Number)* 257 Mt Hope St
5. *Full Name of Mother,* Hannah E. Shue
6. *Mother's Maiden Name,* " " Stokes
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Amos H. Shue
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. L. Reaches Md

Address, Wm Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16 1881
4. *Place of Birth (Street and Number)* 178 N Gilmour St
5. *Full Name of Mother* Anne E Niley
6. *Mother's Maiden Name* Anne E Wells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Niley
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Hammond M D

Address 64 N Paca St

Remarks Natural Labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1881
4. *Place of Birth, (Street and Number)* No 76 William St
5. *Full Name of Mother,* Allie Cook
6. *Mother's Maiden Name,* Allie Johnson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jas. H. Cook
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble M.D

Address, 17 Hatton Av

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46327

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16th 1881
4. *Place of Birth (Street and Number)* 86 Hisquith St
5. *Full Name of Mother* Maggie Knighton
6. *Mother's Maiden Name* Penty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John J. Knighton
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H Diffenderffer M.D.

Address L. High St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17th 1881
4. *Place of Birth, (Street and Number)*	15 Chesnut St
5. *Full Name of Mother,*	Mary Robison
6. *Mother's Maiden Name,*	Mary Green
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Green
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	5 Garrett St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

16329

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 17th 1881
4. *Place of Birth* (Street and Number) 233 N Lombard St
5. *Full Name of Mother* Harriet Collins
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 233 N Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

116330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17 1881
4. *Place of Birth, (Street and Number)*	7 Duncan St
5. *Full Name of Mother,*	Mary McSummer
6. *Mother's Maiden Name,*	Mary Sullivan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Pat McSummer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs E Fay
Address,	93 Chester St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46331

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* March 17th 1888 bl
3. *Date of Birth,* 32 S. Schroder
4. *Place of Birth, (Street and Number)* Adeline Zimmerman
5. *Full Name of Mother,* Thomas
6. *Mother's Maiden Name,* " Balto Co Md
7. *Mother's Birthplace,* Jno Zimmerman
8. *Full Name of Father,* Conductor B & O. R.R
9. *Father's Occupation,* Balto Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H. L. Pfeiffer

Address, 387 W Lombard St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Fifth~~ Sixth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March 17th 1881
4. *Place of Birth (Street and Number)*	Rear of 273 Hughes St
5. *Full Name of Mother*	Adeline Massey
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Cecil Co. Md
8. *Full Name of Father*	Charles Nelson
9. *Father's Occupation*	Oyster Schucker
10. *Father's Birthplace*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this return	Caroline Moore
Address	Rear of 273 Hughes St
Remarks	

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

16333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 7 1881.
4. *Place of Birth, (Street and Number)*	44 S Chapel St.
5. *Full Name of Mother,*	Mary Edwards
6. *Mother's Maiden Name,*	Mary Jones
7. *Mother's Birthplace,*	Somerset Co. Md.
8. *Full Name of Father,*	Stacy Edwards
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan
Address,	47 W Dulham St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17. of march
4. *Place of Birth (Street and Number)* 72 block street
5. *Full Name of Mother* Emma Konig
6. *Mother's Maiden Name* Emma yeager.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Konig
9. *Father's Occupation* Caulker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this return Mary L. Swanye.

Address 59. Cuyerne. street.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44335

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th
4. *Place of Birth, (Street and Number)* Number 181 N. High st.
5. *Full Name of Mother,* Mrs. Clancy.
6. *Mother's Maiden Name,* Catheran Malley.
7. *Mother's Birthplace,* Moycullen Co. Galway Ireland.
8. *Full Name of Father,* James Clancy.
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* " " " " Ireland.

Name of Medical Attendant, or other Person who makes this Return Mrs. Miland.

Address, No 5. Mott St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics to the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17
4. *Place of Birth, (Street and Number)* Baltimore Ridge St 139
5. *Full Name of Mother,* Christine Shaffle
6. *Mother's Maiden Name,* Christine Shaffer
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John Shaffle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Mrs Mary Shaffer

Address, 114 Ridge St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16337

HEALTH DEPARTMENT MAR 22 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 17th
4. *Place of Birth, (Street and Number)* No. 174 E Pratt st.
5. *Full Name of Mother* Dora Werner
6. *Mother's Maiden Name* " " Fink
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Werner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Geske

Address No 55 S. Bond st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46338

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* twin male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 17
4. *Place of Birth, (Street and Number)* Fort and Barthy ave 263
5. *Full Name of Mother* Rachel Ronnels
6. *Mother's Maiden Name* Rachel Presten
7. *Mother's Birthplace* Presten county Vigenner
8. *Full Name of Father* John Ronnels
9. *Father's Occupation* Laber
10. *Father's Birthplace* North East Cicil county MD

Name of Medical Attendant, or other Person who makes this Return. Elizzy Donaldson. Dd Ellis intend

Address 452 Fort ave

Remarks Mother and Children is doing well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16339

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 17 1881
4. *Place of Birth, (Street and Number)* 53 Johnson st
5. *Full Name of Mother* Rosine Schroeter
6. *Mother's Maiden Name* " " Brakel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Schroeter
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

46340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March. 17th 1881
4. Place of Birth (Street and Number) Baltimore. Montgomery St No 225
5. Full Name of Mother Margret. Young
6. Mother's Maiden Name " Vansant
7. Mother's Birthplace Baltimore
8. Full Name of Father John. Young
9. Father's Occupation Salemaker.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No 220 Montgomery St. Bal.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 7-15-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

Bertha Griffith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~1886~~ March 17: 1881
4. *Place of Birth (Street and Number)* 406 Madison Ave
5. *Full Name of Mother* Alice Griffith
6. *Mother's Maiden Name* " Sharp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David S. Griffith
9. *Father's Occupation* Insurance & Real Estate Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17th of March
4. *Place of Birth, (Street and Number)* 127 Albemarle st.
5. *Full Name of Mother,* Mary Duffey
6. *Mother's Maiden Name,* Mary O'Brien
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Duffey
9. *Father's Occupation,* Police officer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Casper

Address, 52 East Lombard st.

Remarks, Born alive, but died 5 minutes after.

HEALTH DEPARTMENT MAR 18 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11634-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 18th 1881
4. *Place of Birth, (Street and Number)*	92 Hill St.
5. *Full Name of Mother,*	Mary Klessel.
6. *Mother's Maiden Name,*	" Oram.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Charles Klessel.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Talbot M.D.
Address,	152 Sharp St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

1163111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17 - 1881
4. Place of Birth (Street and Number)	179 S. Eden St.
5. Full Name of Mother	Mary Dewell
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Dewell
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	151 E Pratt St.
Remarks	

46346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 Males
2. Race or Color (if not of the white race) White
3. Date of Birth March the 17 1881
4. Place of Birth (Street and Number) Mc Henry St No 278
5. Full Name of Mother Azeneth Barnsticker
6. Mother's Maiden Name Azeneth Metz
7. Mother's Birthplace Fredrick E P
8. Full Name of Father Jessey Thiland Barnsticker
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley Family Mrs S Lehurge

Address 792 Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46346

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 7 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 17, 1881
4. *Place of Birth, (Street and Number)* S. Kaestel str No 38
5. *Full Name of Mother,* Mary Petz
6. *Mother's Maiden Name,* Graf
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Franz Petz
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks, Midwife

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46347

HEALTH DEPARTMENT
AUG 4 1881
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mar 17th 81
4. *Place of Birth (Street and Number)*	No 381 W Pratt St
5. *Full Name of Mother*	Clara Floeter
6. *Mother's Maiden Name*	Clara Schmidt
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Oswalt Floeter
9. *Father's Occupation*	Taylor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J G Wamble M.D.
Address	No 208 W Lombard St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11634 8
11634 9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & (Twins)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17. 1891
4. *Place of Birth (Street and Number)* 357 McHenry
5. *Full Name of Mother* Laura V Adams
6. *Mother's Maiden Name* Laura V Saville
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Chas H Adams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Bosley Md

Address 319 Hollins St Balto Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46350

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th 1881
4. *Place of Birth, (Street and Number)* 881 W Pratt St.
5. *Full Name of Mother,* Margret Grey
6. *Mother's Maiden Name,* " Lutz
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* George Grey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. M. J. Lemon

Address, 435 W. McCulloh St.

Remarks, A fine child 12 1/2 lbs.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth ~~March~~ 14th 1881
4. Place of Birth (Street and Number) 55 Hunnilla Street
5. Full Name of Mother Sarah A Clatchey
6. Mother's Maiden Name Sarah A Grey
7. Mother's Birthplace Baltimore Co Md
8. Full Name of Father James M. Clatchey
9. Father's Occupation Carriage Trimmer
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Z. K. Wiley MD.

Address 158 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16852

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 17 1881

4. Place of Birth (Street and Number) 526 Harford avenue

5. Full Name of Mother Verena McSally

6. Mother's Maiden Name Verena Gutberlet

7. Mother's Birthplace Baltimore city

8. Full Name of Father Bernard McSally

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. A A Elwell M. D.

Address 537 Harford avenue

Remarks I would have sent this certificate in earlier, but was under the impression the midwife, who had the case in charge, had done so.

A A. Elwell

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. *Sex, (state whether male or female)* ~~Male.~~ Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 17th of March
4. *Place of Birth, (Street and Number)* Baltimore No. 394 Stiles St.
5. *Full Name of Mother,* Mary Magdalena Saurig.
6. *Mother's Maiden Name,* Mary Magdalena Singer.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Saurig.
9. *Father's Occupation,* Stone Mason.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Smith.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46354

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17th 1881
4. *Place of Birth, (Street and Number)*	No 188 Montgomery St
5. *Full Name of Mother,*	Lizzie Horkinger
6. *Mother's Maiden Name,*	Lizzie Schenkle
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	William Horkinger
9. *Father's Occupation,*	Car Conductor
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address,	17 Hanover ave
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. DIET, PRINTER & STATIONER, BALT.

16355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	March 18th 1881
4. Place of Birth (Street and Number)	Baltimore. Montgomery St. 302
5. Full Name of Mother	Mary. Lloyd
6. Mother's Maiden Name	Nock
7. Mother's Birthplace	Accomac County Va.
8. Full Name of Father	Thomas Lloyd
9. Father's Occupation	Driver
10. Father's Birthplace	Accomac. County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Dearborough
Address	220. Montgomery St Balt.
Remarks	

RETURN OF A BIRTH

46356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 March 1881 Still born
4. *Place of Birth, (Street and Number)* 339 South Durham street
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,* Annie Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Taylor
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann Haywood

Address, 996 Orleans Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46357

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 18th 1881
4. *Place of Birth, (Street and Number)* Baltimore 332 North Durham st
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,* Annie Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Taylor
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann Haynoll

Address, 326 Orleans Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

116358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 18th 9 A. M.
4. *Place of Birth (Street and Number)* No. 5 Pin Alley
5. *Full Name of Mother* Caroline Winmore
6. *Mother's Maiden Name* Caroline Thomas
7. *Mother's Birthplace* Frederick Co. Maryland
8. *Full Name of Father* Jacob Winmore
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Balto. Maryland

Name of Medical Attendant, or other Person who makes this Return. Elvira Harris

Address No. 2 Pen Alley

Remarks resembles a child 3 mos. old has a very soft place in back of head

46359

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White White
3. *Date of Birth,* No 60 Chester st
4. *Place of Birth, (Street and Number)* 18 of March 1881
5. *Full Name of Mother,* Mollie Taylor
6. *Mother's Maiden Name,* Simon
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* William Taylor
9. *Father's Occupation,* Labora
10. *Father's Birthplace,* Chrisfield

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, No 12 Patterson Park Av

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 18—1881

4. Place of Birth (Street and Number) 115 Mulberry St

5. Full Name of Mother Anna J Granger

6. Mother's Maiden Name " " Saunders

7. Mother's Birthplace Charlottsville Va

8. Full Name of Father Edwin W Granger

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W E Reder MD

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 18th March 1881
4. Place of Birth (Street and Number) 35 N. Stricker st
5. Full Name of Mother Paula Klein
6. Mother's Maiden Name Paula Nickel
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Klein
9. Father's Occupation Traveling Agent
10. Father's Birthplace Marburg (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. W. Heldmann M.D.

Address 120 Pearl st. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	Girl
3. *Date of Birth,*	March 18th 1881
4. *Place of Birth, (Street and Number)*	No 126 North St
5. *Full Name of Mother,*	Rose Commer
6. *Mother's Maiden Name,*	Rose Reinhart
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fred Reinhart
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magdeburg
Address,	
Remarks,	Russell St No. 90.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March Friday 18 1881
4. Place of Birth (Street and Number)	Elbow lane No 22½
5. Full Name of Mother	Mrs Mary Victureen Major
6. Mother's Maiden Name	Mrs " " Smith
7. Mother's Birthplace	St Mary Count Md
8. Full Name of Father	Thomas / Smith
9. Father's Occupation	Farmer
10. Father's Birthplace	St Mary County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anne Johnson
Address	92 Lyon st Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11.6361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1881
4. Place of Birth (Street and Number)	No. 54 St. Peters St
5. Full Name of Mother	Mary E. Hayes
6. Mother's Maiden Name	Mary E. Wright
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Wm T. Hayes
9. Father's Occupation	Clerk
10. Father's Birthplace	N. J.
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M.D.
Address	# 221 Barre St City
Remarks	all right

RETURN OF A BIRTH

46365

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18th. 1881.
4. *Place of Birth, (Street and Number)*	No 177 Dallis St.
5. *Full Name of Mother,*	Emma Holland
6. *Mother's Maiden Name,*	Emma Braddie.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Holland
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs M. A Bell.
Address,	No 185 S.E. cor Central av & Monument St.
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

16366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 18. 1891

4. *Place of Birth, (Street and Number)* 14 W. Baltimore

5. *Full Name of Mother,* Rosa Vicari

6. *Mother's Maiden Name,* Rosa Jackson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Michele Vicari

9. *Father's Occupation,* Fruiterer

10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46367

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the 2 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* on the 12 of March
4. *Place of Birth, (Street and Number)* Welch alley No 12
5. *Full Name of Mother,* Mary Cathen Lilley
6. *Mother's Maiden Name,* Mary Cathen Watters
7. *Mother's Birthplace,* Federal County Md
8. *Full Name of Father,* James Lilley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Tripp

Address, address No 2 Fra. Alley Gary Peniton

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46368

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 18 March 1881
4. *Place of Birth, (Street and Number)* 128 Low St
5. *Full Name of Mother,* Sahrah Openheimer
6. *Mother's Maiden Name,* Lowenthal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Openheimer
9. *Father's Occupation,* Second Hand Store
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. Madame Ullig

Address, 48 Holland St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16369
16370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins 3 & 4.
1. *Sex, (state whether male or female)*	Males.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th March
4. *Place of Birth, (Street and Number)*	8 Ridgely St
5. *Full Name of Mother,*	Dorthea Scharlotte Williamea Schulze
6. *Mother's Maiden Name,*	Fl. " " Edel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick A K. Schulze
9. *Father's Occupation,*	Carpenter & Box-maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sommerfeld
Address,	38 Penn Av.
Remarks,	

HEALTH DEPT MAR 28 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

16371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1881
4. *Place of Birth (Street and Number)* 157 Bank St Balto Md
5. *Full Name of Mother* Martha Chew Ravil
6. *Mother's Maiden Name* Martha Chew Courman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Marion Ravil M.D.
9. *Father's Occupation* Medical Doctor
10. *Father's Birthplace* Matthews Co Va

Name of Medical Attendant, or other Person who makes this Return. Chas Ravil M.D.

Address 157 Bank St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46372

RETURN OF A BIRTH,

HEALTH DEPARTMENT MAR 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 18th 1881
4. *Place of Birth, (Street and Number)* 192 Arlington ave
5. *Full Name of Mother* Mary Conset
6. *Mother's Maiden Name* Mary Trayler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Cort Conset
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesemeth

Address 347 Penna ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1881
4. Place of Birth (Street and Number)	3rd Ramsey St.
5. Full Name of Mother	Emma Wilson
6. Mother's Maiden Name	Emma Barranger.
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Columbus Wilson
9. Father's Occupation	Jeweler.
10. Father's Birthplace	New Windsor Carroll Co Md.
Name of Medical Attendant, or other Person who makes this Return.	A. C. Pole
Address	No 1 W. Boundary Ave
Remarks	Baltimore Co Md.

Real Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46374

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18 - 1881
4. *Place of Birth (Street and Number)* 7 Boundy Lane
5. *Full Name of Mother* Maggie Koerber
6. *Mother's Maiden Name* do
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harry Williams
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address 151 E Pratt St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1881
4. *Place of Birth (Street and Number)* No 110 Ramsay St.
5. *Full Name of Mother* Maze J Lehman
6. *Mother's Maiden Name* Maze Redman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lehman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Mercer

Address No 136 McHenry St. Baltimore

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46376

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 to

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18. 1881
4. *Place of Birth, (Street and Number)* S. Schappelstr No 28
5. *Full Name of Mother,* Margarethe Deimlein
6. *Mother's Maiden Name,* Neune
7. *Mother's Birthplace,* Beiern
8. *Full Name of Father,* Christoph Deimlein
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Beiern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Baubach

Address, S. Wolfstr No 14

Remarks, Midwife

"Will any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

116377

HEALTH DEPARTMENT RECEIVED 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether ~~1st, 2d, 3d,~~ &c.*) 6 th

1. *Sex,* (*state whether ~~male~~ or female*)

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* March 18 1881

4. *Place of Birth,* (*Street and Number*) N. Wolfster No 70

5. *Full Name of Mother,* Katharine Miller

6. *Mother's Maiden Name,* Gemecken

7. *Mother's Birthplace,* Hannover

8. *Full Name of Father,* Philip Miller

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Baecher

Address, S. Wolfster No 11

Remarks, Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46378

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18. 1881
4. *Place of Birth, (Street and Number)* S. Dallas str No 286
5. *Full Name of Mother,* Mary Hartmann
6. *Mother's Maiden Name,* Beer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Hartmann
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Rausbach

Address, S. Wolf str No 14

Remarks, Undwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

116379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1901
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	Race
3. *Date of Birth,*	18 March.
4. *Place of Birth, (Street and Number)*	184 Hamburg St.
5. *Full Name of Mother,*	Dorettea Mary Fischer.
6. *Mother's Maiden Name,*	" " Eckert
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Adolf Fischer
9. *Father's Occupation,*	Bäckermeister.
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return	Nate Minch
Address,	8 Leadenhall St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sue

46380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

Name of Child: Harold Blanchard Vincent

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 18th 1881
4. Place of Birth (Street and Number) 300 Linden Av
5. Full Name of Mother Charlotte Vincent
6. Mother's Maiden Name Charlotte Blanchard
7. Mother's Birthplace Jersey City
8. Full Name of Father Joseph Collingbourne (~~W.~~ ~~Collin~~) Vincent
9. Father's Occupation Merchant
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. J. W. Miltenberger

Address 121 W. Monument St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18, 1881
4. *Place of Birth (Street and Number)* 5 S. Mount St
5. *Full Name of Mother* Mary A Caldwell Warner
6. *Mother's Maiden Name* Mary A Caldwell
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* G. W. Warner
9. *Father's Occupation* Bank Clerk
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. James Bosley MD

Address 319 Hollins St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46389

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d,~~ &c.)

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 18th March 1881
4. Place of Birth (Street and Number) 536 W Balto St
5. Full Name of Mother Lizzie Alford
6. Mother's Maiden Name " Austin
7. Mother's Birthplace N Y
8. Full Name of Father Benj. J. Alford
9. Father's Occupation Merchant
10. Father's Birthplace N Y

Name of Medical Attendant, or other Person who makes this Return. Geo H Epstein

Address

Remarks Waverley Terrace

116383

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 18th 1881
4. *Place of Birth, (Street and Number)* No 1 Clemont Street
5. *Full Name of Mother* Carrie E Stokes
6. *Mother's Maiden Name* Carrie E Burke
7. *Mother's Birthplace* Canada
8. *Full Name of Father* Tomas A Stokes
9. *Father's Occupation* Clerk
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address No 13 Cubia Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

463811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st 81
4. *Place of Birth, (Street and Number)*	155 N Paca St
5. *Full Name of Mother,*	Julia A Whiche
6. *Mother's Maiden Name,*	Julia A. Jones
7. *Mother's Birthplace,*	Marietta Ohio
8. *Full Name of Father,*	Sidney White
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	M Thomas MD
Address,	143 N Charles St
Remarks,	

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 116385

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Catholic
3. *Date of Birth* March 19th 1901
4. *Place of Birth, (Street and Number)* 56 Hall St.
5. *Full Name of Mother* Bessie Hunt
6. *Mother's Maiden Name* Leek
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* George A. Hunt,
9. *Father's Occupation* Letter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Moran, M.D.

Address No. 572 Franklin St.

Remarks

RETURN OF A BIRTH

46386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd " Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 19th " March
4. *Place of Birth, (Street and Number)* 10 " Cissel st.
5. *Full Name of Mother,* Prebilla Green
6. *Mother's Maiden Name,* " Hopkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Columbus Green
9. *Father's Occupation,* Oysters & Shucker
10. *Father's Birthplace,* Archestes County

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 194 Warner st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46387

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March. 19. 1881
4. *Place of Birth, (Street and Number)*	86 S. Caroline St
5. *Full Name of Mother,*	Ella G. Wight
6. *Mother's Maiden Name,*	" " Reay
7. *Mother's Birthplace,*	Danville, Pa.
8. *Full Name of Father,*	Oliver J. Wight
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rusk M.D.
Address,	Balt. & Hast. sts.
Remarks,	Natural.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

16388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 19 of March 1881
4. *Place of Birth, (Street and Number)* 62 Monroe St
5. *Full Name of Mother* Lizzie Hoffman
6. *Mother's Maiden Name* Lizzie Ulrich
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Frederick Hoffman
9. *Father's Occupation* Bristle Worker
10. *Father's Birthplace* born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Miss Hiller

Address 1017 W. Pratt St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH

46389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 19 — 1881

4. *Place of Birth, (Street and Number)* No 168 Hamburg st

5. *Full Name of Mother,* Henrietta Mumby

6. *Mother's Maiden Name,* Faibel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Mumby

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46390

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1881
4. *Place of Birth, (Street and Number)* 118 McElderry St
5. *Full Name of Mother,* Ida May Jones
6. *Mother's Maiden Name,* " " Hardesty
7. *Mother's Birthplace,* Anna A Rundel Co Md.
8. *Full Name of Father,* Edward Jones
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo W Wayson MD

Address, #18 Acquith St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11639 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* march the 19th 1881
4. *Place of Birth, (Street and Number)* 84 Elbow lane Balto City
5. *Full Name of Mother,* Sarah ann Sewell
6. *Mother's Maiden Name,* Sarah ann Thomas
7. *Mother's Birthplace,* Calvert County Md.
8. *Full Name of Father,* Benjamin Franklin Sewell
9. *Father's Occupation,* Grainmeasurer
10. *Father's Birthplace,* Calvert County Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Kirkline Wilson

Address, 194 Warner st midwife address

Remarks, mary Sewell was born March 19th 1881

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 116392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* march 17 1881
4. *Place of Birth, (Street and Number)* 103 dunbin alley
5. *Full Name of Mother* Sarah f sunderland
6. *Mother's Maiden Name* Sarah f asbey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Beverly Waugh sunderland
9. *Father's Occupation* ship joiner
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary [illegible]

Address Carlington avenue

Remarks

RETURN OF A BIRTH

14639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 19th 1881
4. *Place of Birth, (Street and Number)* No 121 Register st
5. *Full Name of Mother,* Mary Taylor
6. *Mother's Maiden Name,* " Phanerhoff.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Taylor
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

413691.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 19th 1881
4. *Place of Birth, (Street and Number)* No 15 Bradford Alley
5. *Full Name of Mother,* Louisa Heinbuch
6. *Mother's Maiden Name,* " Guenther
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thomas Heinbuch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Kind

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 19ten März
4. *Place of Birth, (Street and Number)* No 267 E. Ann A.
5. *Full Name of Mother,* Floratine Newlow
6. *Mother's Maiden Name,* Floratine Münk
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Hermann Newlow
9. *Father's Occupation,* Handwerksleiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Rosenmann

Address, No 197 E. Dallas St

Remarks, Hebamme

JOHN B. PIET, PRINTER & STATIONER, BALT.

46396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Saturday march 19th
4. *Place of Birth (Street and Number)* 210 Warner st
5. *Full Name of Mother* Annie Turner
6. *Mother's Maiden Name* Annie Turner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Abila Crook

Address 210 Warner street

Remarks doing well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,*
4. *Place of Birth,* (*Street and Number*)
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 19th 1881.
4. *Place of Birth, (Street and Number)* 96 S. Fulton St.
5. *Full Name of Mother,* Maryann Stahl.
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Ellicott City.
8. *Full Name of Father,* Henry T. Stahl.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White M.D.

Address, 79 N. Gilmor St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 19th 1881.
4. *Place of Birth, (Street and Number)* N. W. Cor. Parkin & McHenry Sts.
5. *Full Name of Mother,* Harriet Childs.
6. *Mother's Maiden Name,* — Degaw.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George W. Childs.
9. *Father's Occupation,* Confectioner.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White, M. D.

Address, 19 N. Gilmor St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46400

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1881
4. *Place of Birth, (Street and Number)* Ramsay 1 door from Mount.
5. *Full Name of Mother,* Ellie Nicholson
6. *Mother's Maiden Name,* " Rigeway
7. *Mother's Birthplace,* Phil. Penn.
8. *Full Name of Father,* John Nicholson
9. *Father's Occupation,* Laborer as Wilsons, brick yard.
10. *Father's Birthplace,* Balt. City.

Name of Medical Attendant, or other Person who makes this Return. M. J. Lanan

Address, 435 W. Mc. Henry St.

Remarks, Stong Child.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17 - 81
4. Place of Birth (Street and Number)	43 N. Broadway
5. Full Name of Mother	Sallie P. Müller
6. Mother's Maiden Name	" " Bender
7. Mother's Birthplace	Leesburg Va
8. Full Name of Father	Geo. C. Müller
9. Father's Occupation	Artist
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. King, M.D.
Address	215 N. Carrollton Ave
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1881
4. *Place of Birth (Street and Number)* Eaton & Forest
5. *Full Name of Mother* Annie M. S. Stidham
6. *Mother's Maiden Name* " " " Casey
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Richard B. Stidham
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. Reynolds

Address Calvert & Monument

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Sixth.

1. *Sex*, (*state whether male or female*) male

2. *Race or Color*, (*if not of the white race*) white

3. *Date of Birth*, 19 of March

4. *Place of Birth*, (*Street and Number*) # 20 Bartlett Street

5. *Full Name of Mother*, Anna Debus

6. *Mother's Maiden Name*, Anna Hoch

7. *Mother's Birthplace*, Friedensdorf a Province Nassau, Prussia

8. *Full Name of Father*, Gerlach Debus

9. *Father's Occupation*, Fireman in Gashouse on Scott Street,

10. *Father's Birthplace*, Wolfgruben, Province Nassau, Prussia.

Name of Medical Attendant, or other Person who makes this Return,

Address, Miss Steebock

Remarks, 639 west Pratt St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 20th
4. *Place of Birth (Street and Number)*	N.E. Corner Eden & Chase Sts
5. *Full Name of Mother*	Fanny Nachman
6. *Mother's Maiden Name*	Fanny Cohen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Adolph Nachman
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	No. 2 Cathedral St
Remarks	

RETURN OF A BIRTH.

46465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

(state whether Male or Female) Female

or Color (if not of the white race)

of Birth March 20th 1881

of Birth (Street and Number) No 184 Hughes St Baltimore

Name of Mother Mrs. Annie Cain

er's Maiden Name Annie Bonner.

r's Birthplace Donegal. Ireland

Name of Father Michal Cain

r's Occupation A laborer.

r's Birthplace Baltimore,

of Medical Attendant, or other Person who makes this Return. Mrs Mary Chase.

ress

arks

46406

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 20th March
4. *Place of Birth, (Street and Number)* 119 Elboelane
5. *Full Name of Mother,* Carrie Sale
6. *Mother's Maiden Name,* " Tomes
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Ben Sale
9. *Father's Occupation,* Grane Measure
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. Angelina Pilson

Address, 194 Warner st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46407

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20th March
4. *Place of Birth, (Street and Number)* 13 Dallas St
5. *Full Name of Mother,* Ann Robbert Myers
6. *Mother's Maiden Name,* Ann Bennett
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Robbert Myers
9. *Father's Occupation,* Marty Carrier
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary Walker

Address, 125 N. Carolina

Remarks,

Extract Regu... correct Re...

"That any physician, accouch... ...her person in charge, who shall attend, assist or advise at the birth of any child, ...f Baltimore, shall report to the registrar aforesaid, within six days thereafter, statin... ...date of birth, sex, and color of the child or children born, its or their physical conc... ...still born or not, the full name, nativity, and residence ...he parents, and the maiden name ... the mother of such child or children."

WM. J. ... CO. CITY PRINTERS AND STATIONERS

46408

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ~~white~~
3. *Date of Birth,* March 20th
4. *Place of Birth, (Street and Number)* 352 N. Gilmore St
5. *Full Name of Mother,* Regina V. Fehler
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Fehler
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible] Baltimore Md.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name. Caroline Anna Graff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20. 1881
4. *Place of Birth, (Street and Number)* 419 Allicanna.
5. *Full Name of Mother,* Anna. Graff
6. *Mother's Maiden Name,* Anna Himell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephan. Graff
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa. Wiley

Address, 112. Patterson. Park. avnew

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

46410

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 1881
4. *Place of Birth, (Street and Number)* Belair Ave no Number
5. *Full Name of Mother,* Wilhelmina Wagner
6. *Mother's Maiden Name,* Dickenger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address, 48 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

1/6 11:11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1895
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 20 of March
4. *Place of Birth (Street and Number)* No 14 Marion st
5. *Full Name of Mother* Cate Eigeldinger
6. *Mother's Maiden Name* Cate Plett
7. *Mother's Birthplace* in Keesser.
8. *Full Name of Father* Herman Eigeldinger
9. *Father's Occupation* Leaber work
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Geller

Address No 14 Marion st

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4611 12

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1st)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 20th 1881
4. *Place of Birth, (Street and Number)*	Chester near Keyser Ave
5. *Full Name of Mother,*	Elizabeth J King
6. *Mother's Maiden Name,*	" Baker
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Thomas J King
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Wintin
Address,	186 Bayard Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

46413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 20th 1881.
4. *Place of Birth, (Street and Number)* # 232. N. Dallas. street.
5. *Full Name of Mother* Kate Meyer.
6. *Mother's Maiden Name* Kate Wolf.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Edward Meyer.
9. *Father's Occupation* Tiner
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Hend Hellegeist

Address 182 E Monument st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

464114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 20th 1881
4. *Place of Birth, (Street and Number)* 67 woodyear st
5. *Full Name of Mother* Mary Lee
6. *Mother's Maiden Name* Mary Sadler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Lee
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Fresenzehl

Address 325 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46415

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday March 20th 1881
4. *Place of Birth, (Street and Number)* 234 N. Eden St.
5. *Full Name of Mother,* Alice Le Preux
6. *Mother's Maiden Name,* Alice Pasters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Augustus Le Preux
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton MD

Address, 25½ Greenmount Ave

Remarks, ~~Vrty~~ P "Breech Presentation",

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. RIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 March
4. *Place of Birth, (Street and Number)* 2 N Front
5. *Full Name of Mother,* Lizie Donhagen
6. *Mother's Maiden Name,* Packard
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Philip Donhagen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mr Paul Harper

Address, 502 E Fairmount

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

46417

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20 1881
4. Place of Birth (Street and Number)	142 E Pratt St.
5. Full Name of Mother	Mary Marschall
6. Mother's Maiden Name	Brandt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Marschall
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address	151 E Pratt
Remarks	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

116118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1881
4. *Place of Birth, (Street and Number)*	120 Henrietta st.
5. *Full Name of Mother,*	Anna Fisher
6. *Mother's Maiden Name,*	" ~~Eath~~ Erb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Herman Fisher
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Koh
Address,	328 South Eutaw st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W.
3. Date of Birth March 20. 1881
4. Place of Birth (Street and Number) 212 N. Fremont St.
5. Full Name of Mother Kate Walker
6. Mother's Maiden Name " Angill
7. Mother's Birthplace Balt.
8. Full Name of Father Geo. Walker
9. Father's Occupation Mechanic
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Neff

Address 306 W. Fayette St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46420

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 March
4. *Place of Birth, (Street and Number)* 4 Barnes Str
5. *Full Name of Mother,* Josefine Bartoušek
6. *Mother's Maiden Name,* " " Coufal
7. *Mother's Birthplace,* Vojtěchov Bohemia
8. *Full Name of Father,* Josef Bartoušek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Černá Čerekov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 60 Barnes St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46421
46422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 3rd Labor

1. Sex (state whether Male or Female) M & F. Twins

2. Race or Color (if not of the white race) —

3. Date of Birth March 21st 1881

4. Place of Birth (Street and Number) 149 Harford Avenue

5. Full Name of Mother Florence Savage

6. Mother's Maiden Name Florence Roberts

7. Mother's Birthplace Va

8. Full Name of Father M. E. Savage

9. Father's Occupation Brakesman U C RR

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Chas M Morfit M D

Address No 67 Eutaw St

Remarks 1st Child Vertex presentation 8 (F)

2nd " Breech Presentation (M)

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11643

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	March 21st 1881.
4. *Place of Birth (Street and Number)*	No 14 Bennett Court.
5. *Full Name of Mother*	Mrs Cordelia Sullivan
6. *Mother's Maiden Name*	Mary Cordelia Joyce,
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Mr Jeremiah Sullivan
9. *Father's Occupation*	Puddler
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel A. Garrett.
Address	No 65 Burke Street,
Remarks	

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

RETURN OF A BIRTH,

1611241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 21 of March 1891
4. *Place of Birth, (Street and Number)* 124 Lemon St.
5. *Full Name of Mother* Annie Orth
6. *Mother's Maiden Name* Annie Eisert
7. *Mother's Birthplace* born in Hessian Germany
8. *Full Name of Father* Thomas Orth
9. *Father's Occupation* Butcher
10. *Father's Birthplace* born in Hessian Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hilles

Address 1017 W. Pratt St

Remarks

RETURN OF A BIRTH,

116125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 21 of March 1881
4. *Place of Birth, (Street and Number)* 34 Paris St.
5. *Full Name of Mother* Lena Germuth
6. *Mother's Maiden Name* Lena Schliekmayer
7. *Mother's Birthplace* born in the City of Balto
8. *Full Name of Father* Ferdinand Germuth
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller

Address 1017 W. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1/6/1926

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 21 1881
4. Place of Birth (Street and Number)	No 65 ellsworth lane
5. Full Name of Mother	Mandy butler
6. Mother's Maiden Name	Mandy johnson
7. Mother's Birthplace	Annerondel co Md
8. Full Name of Father	nicky butler
9. Father's Occupation	grain runner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	maryann dorsey
Address	64 ellsworth lane
Remarks	five dollars

RETURN OF A BIRTH

116427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 21st 1881
4. *Place of Birth, (Street and Number)*	176 Hamburg st
5. *Full Name of Mother,*	Helene Henkel
6. *Mother's Maiden Name,*	Kraus.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Henkel
9. *Father's Occupation,*	Boxmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwarz midwife
Address,	330 Hanover st.
Remarks,	

BE MAR 24 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46428

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of March 1881
4. *Place of Birth, (Street and Number)* 81 Wolf St
5. *Full Name of Mother,* Minnie Becker
6. *Mother's Maiden Name,* Minnie Walter
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Walter
9. *Father's Occupation,* Canvasser
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Carolina

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
25
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown complexion
3. *Date of Birth,* March 21st 1881
4. *Place of Birth, (Street and Number)* 51 Davis St
5. *Full Name of Mother,* Mary Wallace
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Wallace
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* Annapolis A.A. Co. Md

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

161430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown complexion
3. *Date of Birth,* March 21st 1881
4. *Place of Birth, (Street and Number)* 95 Hargrove Alley
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " Roy
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Robert Smith
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 116131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
25
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 21th
4. *Place of Birth, (Street and Number)* 132 Wolfe St
5. *Full Name of Mother* fermale Sanderson
6. *Mother's Maiden Name* fermale Lake
7. *Mother's Birthplace* Baltimore M.D
8. *Full Name of Father* Henry Sanderson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return. Mary of Jule

Address 99 Lancaster St

Remarks

46432

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* 3 female 1 1
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1881
4. *Place of Birth, (Street and Number)* 15 Bowsk St
5. *Full Name of Mother,* Eliza J. Ellingsworth
6. *Mother's Maiden Name,* Eliza J. Adams
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* William H Ellingsworth
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Louisia Wiley

Address, N 12 Patterson Park Ave.

Remarks,

Thus any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 21 St 1881
4. *Place of Birth, (Street and Number)* No 2 Liberty Road
5. *Full Name of Mother* Bridget Mayers
6. *Mother's Maiden Name* Bridget White
7. *Mother's Birthplace* ireland
8. *Full Name of Father* George Mayers
9. *Father's Occupation* Molder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Carroll

Address 171 Pressmen St

Remarks Healthy

RETURN OF A BIRTH

164314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 29
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 21st 1881.
4. *Place of Birth, (Street and Number)*	279 W. Lombard st.
5. *Full Name of Mother,*	Ella Templeman.
6. *Mother's Maiden Name,*	Ella Bryan.
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	James A. Templeman.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	John L. Pennington M.D.
Address,	134 N. Carrollton Av.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1161435

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 23 1901 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st
4. *Place of Birth (Street and Number)* Horn st no 7
5. *Full Name of Mother* Ada Knatt
6. *Mother's Maiden Name* Ada Lawen
7. *Mother's Birthplace* Montgomery
8. *Full Name of Father* Ed L Knatt
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ellico city

Name of Medical Attendant, or other Person who makes this Return. Louisa A B Everton

Address 390 N Washington st

Remarks Healthy

RETURN OF A BIRTH,

146136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 21st 1891.
4. *Place of Birth, (Street and Number)* # 300 Aisquith st.
5. *Full Name of Mother* Frances Bright
6. *Mother's Maiden Name* Frances Osborne.
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Edwin Thomas Bright.
9. *Father's Occupation* Plaster.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Lina Hillyard

Address 142 E Monument Stat

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46437

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* March 21, 1881
4. *Place of Birth (Street and Number)* No. 90 Cider Alley
5. *Full Name of Mother* Harriet Parker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Parker
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. M. Simmons & Hiram Woods, Jr.

Address University Hospital, Cor. Lombard and Green Sts.

Remarks

Mother & child doing well up to this date.

RETURN OF A BIRTH, 146138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 21 1881
4. *Place of Birth, (Street and Number)* 422 Sutton
5. *Full Name of Mother* Minnie Edwards
6. *Mother's Maiden Name* Minnie Lingerman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Emory Edwards
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Engelhardt

Address 324 Pennsylvania

Remarks

RETURN OF A BIRTH

116139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday March 2d 1891
4. *Place of Birth, (Street and Number)* E. Biddle St and dear East of Greenmount Ave
5. *Full Name of Mother,* Virginia Bamberger
6. *Mother's Maiden Name,* Virginia Pelz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. Bamberger
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 25 ½ Greenmount Ave

Remarks, Vertex Presentation

46440

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21st 1881
4. *Place of Birth, (Street and Number)* No 213 Bank str.
5. *Full Name of Mother,* Emma Knobloch
6. *Mother's Maiden Name,* " Zeis
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Knobloch
9. *Father's Occupation,* Segarmaker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46441

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 March
4. *Place of Birth, (Street and Number)* 61 S Gough
5. *Full Name of Mother,* Lizie Tiraft
6. *Mother's Maiden Name,* Molardy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Tiraft
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Paula Casper

Address, 82 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 116142

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 21st 1881.
4. *Place of Birth, (Street and Number)*	130 N. Broadway
5. *Full Name of Mother*	Sarah Ball
6. *Mother's Maiden Name*	Langsheimer
7. *Mother's Birthplace*	Balto. City Md.
8. *Full Name of Father*	Max Ball
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Berlin, Prussia
Name of Medical Attendant, or other Person who makes this Return.	J. B. Christian M.D.
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH

11 6 1 1 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 21 81

4. *Place of Birth, (Street and Number)* 71 Division St.

5. *Full Name of Mother,* Annie Reed

6. *Mother's Maiden Name,* Annie Lenard

7. *Mother's Birthplace,* Pa.

8. *Full Name of Father,* James A Reed

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. H. Miller M.D.

Address, 59 N. Greene St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 31st 1881

4. Place of Birth (Street and Number) 190 Division St

5. Full Name of Mother Mary Katzenberger

6. Mother's Maiden Name Mary Bell

7. Mother's Birthplace Baltimore

8. Full Name of Father Jas H Katzenberger

9. Father's Occupation Insurance Agent

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G W Miltenberger

Address 1 2 & W Monument St

Remarks

46445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st 1891
4. *Place of Birth (Street and Number)* 60 Thames St
5. *Full Name of Mother* Eliza Goodhues
6. *Mother's Maiden Name* " Douglas
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Ferdinand Goodhues
9. *Father's Occupation* Contractor
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address N. E. Cor Caldwell & Monument

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 22 of March 1881
4. *Place of Birth, (Street and Number)* 59 Parish St.
5. *Full Name of Mother* Rebeck Limrick
6. *Mother's Maiden Name* Rebeck Blinsoe
7. *Mother's Birthplace* born in Havers Fairy
8. *Full Name of Father* Welfort Limrick
9. *Father's Occupation* Rage Picker
10. *Father's Birthplace* born in Fredericksburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Miss. Hiller

Address 1017 W. Pratt St.

Remarks

46447

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22nd 1881 No ~~257 E. Pratt Street~~
4. *Place of Birth, (Street and Number)*	~~March 22nd~~ No 257 E Pratt St
5. *Full Name of Mother,*	Eliza Bowling
6. *Mother's Maiden Name,*	Eliza Sullivan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Bowling
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	No 95 Albemarle Street
Remarks,	City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lizzie Dixeson 1 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* 22 of March
4. *Place of Birth (Street and Number)* No 52 Perry St
5. *Full Name of Mother* Lizzie Dixeson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace*
8. *Full Name of Father* James Michenly
9. *Father's Occupation* Waiter
10. *Father's Birthplace* County unknown

Name of Medical Attendant, or other Person who makes this Return. Mary Beevans

Address 102 Goodenhall St

Remarks

46449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 22nd

4. Place of Birth (Street and Number) 68 Wyth Street

5. Full Name of Mother Sarah Kenny

6. Mother's Maiden Name Sarah Lanley

7. Mother's Birthplace Baltimore

8. Full Name of Father George Kenny

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Flourgan

Address 112 Scott St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Femal

2. *Race or Color, (if not of the white race)* Colard Race

3. *Date of Birth,* March 22 1881

4. *Place of Birth, (Street and Number)* 168 McClanier

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Sally Thomson

7. *Mother's Birthplace,* Williamton Virginer

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucynder Woolford

Address, 130 N. Register St

Remarks, N. Remard

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

164451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 29 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March
4. *Place of Birth, (Street and Number)* No 42 Central Ave
5. *Full Name of Mother,* Elizabeth Ethel
6. *Mother's Maiden Name,* Hatten
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Ethel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN P. PIET, PRINTER & STATIONER, BALT.

46452

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 March
4. *Place of Birth, (Street and Number)* 71 E Lombard
5. *Full Name of Mother,* Marie Scholl
6. *Mother's Maiden Name,* Rasch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Scholl
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

461153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22d 1881
4. *Place of Birth, (Street and Number)* No 220 S. Bond st
5. *Full Name of Mother,* Katie Glaeser
6. *Mother's Maiden Name,* " Hillgarden
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Glaesser
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11.6.11.5.11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 " ch

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* March 22 1857
4. *Place of Birth, (Street and Number)* Lanvale st
5. *Full Name of Mother* Williana Kennard
6. *Mother's Maiden Name* " Worley
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* Henry C Kennard
9. *Father's Occupation* attorney
10. *Father's Birthplace* E. Shore Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 28 Franklin st

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 62155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3
1911
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 22. 1881
4. *Place of Birth, (Street and Number)* Cookes Street
5. *Full Name of Mother* Betty Fisher
6. *Mother's Maiden Name* Betty Heineman
7. *Mother's Birthplace* Germna
8. *Full Name of Father* Fredrick Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germna

Name of Medical Attendant, or other Person who makes this Return. Margie Ettel

Address No 13 Eutaw Street

Remarks

RETURN OF A BIRTH

11611356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22nd " 1881.
4. *Place of Birth, (Street and Number)*	254 Columbia Ave.
5. *Full Name of Mother,*	Kate Stahley.
6. *Mother's Maiden Name,*	" Hafermeyer.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Stahley.
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Wurtemberg.
Name of Medical Attendant, or other Person who makes this Return	Mary Korde
Address,	328 South Eutaw St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

46457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd 1881
4. *Place of Birth, (Street and Number)* No. 8 S. Chester St
5. *Full Name of Mother,* Ellen Mc Donoh
6. *Mother's Maiden Name,* Flaherty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Mc Donoh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 2440 Bank [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46458

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* German
3. *Date of Birth,* March 22nd 1881
4. *Place of Birth, (Street and Number)* S E Cor Scott & St Peter Pl
5. *Full Name of Mother,* Hillen A Newman
6. *Mother's Maiden Name,* — " Renner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mathew J Newman
9. *Father's Occupation,* Pipe Fitter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 168 S Pacific

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11611 69

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd. 1881 4 P.M.
4. *Place of Birth (Street and Number)* 24 Jackson Place
5. *Full Name of Mother* Josepina Louise Hayden
6. *Mother's Maiden Name* J. L. Dailey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Caleb Gilbert Hayden
9. *Father's Occupation* Bank Teller
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Samuel E. Donnell M.D.

Address 299 E. Baltimore St.

Remarks

46460

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* mar 23
4. *Place of Birth, (Street and Number)* 168 west spring st
5. *Full Name of Mother,* Emma Dennis
6. *Mother's Maiden Name,* Emma Hight
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Dennis
9. *Father's Occupation,* nothing
10. *Father's Birthplace,* Susp hill md

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address, no 14 short st

Remarks, healthy Child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4/61/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 rd 1881
4. *Place of Birth, (Street and Number)* No 64 Millinman St.
5. *Full Name of Mother,* Matilda Schroeder
6. *Mother's Maiden Name,* Matilda Ehling
7. *Mother's Birthplace,* Prussia Ger
8. *Full Name of Father,* Ernst Schroeder
9. *Father's Occupation,* Maschinist
10. *Father's Birthplace,* Prussia Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Dutt

Address, No 185 S.E. cor Central av. & Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

116462

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1881 ~~No. 113 S. Spring St.~~
4. *Place of Birth, (Street and Number)* No 113 S. Spring St.
5. *Full Name of Mother,* Mary Müller
6. *Mother's Maiden Name,* Mary Brandly
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Christ Müller
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Hessen Castle

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.

Address, No 185 S.E. cor Central av. & Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

464463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1901 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March
4. *Place of Birth, (Street and Number)* 448 N. Dallas St.
5. *Full Name of Mother,* Maria Picha
6. *Mother's Maiden Name,* " " Panuska
7. *Mother's Birthplace,* Velesic Bohemia
8. *Full Name of Father,* Venzel Picha
9. *Father's Occupation,* Cooper-Maker
10. *Father's Birthplace,* Jestovic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4.64.64

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23" 1881
4. *Place of Birth, (Street and Number)* Maternité Hospital
5. *Full Name of Mother,* Ella Hartman
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Bitting.

Address,

Remarks, Resident Physician

Last any Physician, accoucheur, midwife, or other person in charge, who shall attend, as such, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

461465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, or be called to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8-23-1881
4. *Place of Birth, (Street and Number)*	Maternite Hospital
5. *Full Name of Mother,*	Lizzie Walder
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	L. L. Gilling
Address,	
Remarks,	Res. Physician

JOHN R. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4-6466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of March 1891
4. *Place of Birth, (Street and Number)* 252 Monument St
5. *Full Name of Mother,* Marie Miller
6. *Mother's Maiden Name,* Steiner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Bar Tender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Madam Tubbs

Address, 42 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 46467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* march 23. 1881
4. *Place of Birth, (Street and Number)* 146 mongomery street
5. *Full Name of Mother* hattie e bond
6. *Mother's Maiden Name* hattie e robberts
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* harry b bond
9. *Father's Occupation* commission merchant
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner

Address 153 Collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23rd 1881
4. Place of Birth (Street and Number)	1166 E. Caroline st
5. Full Name of Mother	Mary E. Stewart
6. Mother's Maiden Name	Mary E. Martin
7. Mother's Birthplace	Balt Co. Md
8. Full Name of Father	Andie Stewart
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	John T. Conner M.D.
Address	533 S. Eden st
Remarks	Balt Md.

RETURN OF A BIRTH.

116169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1891 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23d. 1891
4. *Place of Birth (Street and Number)* Charles Street No 156
5. *Full Name of Mother* Eleanor ~~Meloud~~ Mariner
6. *Mother's Maiden Name* Eleanor Meloud
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charley Mariner
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Meany & Anderson

Address No 10 Hays Street

Remarks

46470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

march-23-1881

HEALTH DEPARTMENT MAR 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~8~~ 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 125 York Street B M.D
4. Place of Birth (Street and Number) march 23 1881
5. Full Name of Mother Reboca Warren
6. Mother's Maiden Name Reboca Boley
7. Mother's Birthplace Kent is Keenan. Conty M.D
8. Full Name of Father George C. Warren
9. Father's Occupation Stevedore
10. Father's Birthplace Richmond. Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. L. D. Dyer. Margaret Wilson

Address 138 - Raburg Street

Remarks ~~138 Raburg Street~~

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* March 23d. 1881
4. *Place of Birth* (Street and Number) No. 3 Greenwillow Ct.
5. *Full Name of Mother* Elizabeth Brown
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* Thomas Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner M. D.

Address 120 N. Greene St. City.

Remarks

46479

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 23 1881
4. *Place of Birth, (Street and Number)* 49 elbow lane
5. *Full Name of Mother,* Sarah Oden
6. *Mother's Maiden Name,* Sarah Scott
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* William Oden
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address, 64 elbow lane

Remarks, five dollars

"Will any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46473

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 23. 1881
4. *Place of Birth, (Street and Number)* 72 Welcome alley
5. *Full Name of Mother,* Vand harries
6. *Mother's Maiden Name,* Vand Euell
7. *Mother's Birthplace,* Easternshore va
8. *Full Name of Father,* levi harries
9. *Father's Occupation,* Iron factory
10. *Father's Birthplace,* Colbert county

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address. 64 ellow lane

Remarks. five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

464/74

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 23ten März
4. *Place of Birth, (Street and Number)* No 11. Sangsterstr
5. *Full Name of Mother,* Auguste Wischschewsky
6. *Mother's Maiden Name,* Auguste Schillitzky
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Carl Wischschewsky
9. *Father's Occupation,* Schiffarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hebamme

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116475

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 23d March 1881.
4. *Place of Birth (Street and Number)* 212 Park ave
5. *Full Name of Mother* Mary Meagher
6. *Mother's Maiden Name* " Schott
7. *Mother's Birthplace* md.
8. *Full Name of Father* John Meagher
9. *Father's Occupation* Grocery & feed store, keeper of
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 N. Biddle st

Remarks

46476

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)* White
2. *Race or Color, (if not of the white race)* March 23/81
3. *Date of Birth,* No 396 W. Lombard St
4. *Place of Birth, (Street and Number)* Bertha Blair
5. *Full Name of Mother,* Zimmer
6. *Mother's Maiden Name,* "Balto. Md
7. *Mother's Birthplace,* Wm Blair
8. *Full Name of Father,* "Tailor
9. *Father's Occupation,* Balto. Md.
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Mrs

Address, 387 W. Lombard St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*) Col^d
3. *Date of Birth* March 23rd 1881
4. *Place of Birth* (*Street and Number*) Park near Richt^n
5. *Full Name of Mother* Emily Coals Blay
6. *Mother's Maiden Name* Emily Coals
7. *Mother's Birthplace* Md
8. *Full Name of Father* Charles Blay
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address 59 Cathedral

Remarks difficult case — use of forceps

RETURN OF A BIRTH

4614 78

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd of March 1881
4. *Place of Birth, (Street and Number)* No. 314 Mulberry St.
5. *Full Name of Mother,* Mrs Mary ~~H~~ Hunter
6. *Mother's Maiden Name,* Miss Shrimpley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank H. Hunter
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Dimmler

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 461179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23 March 1881
4. *Place of Birth, (Street and Number)* No 9 Fort avenue
5. *Full Name of Mother* Ann Selevan
6. *Mother's Maiden Name* Ann Maguire
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Selevan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Margie Ettel

Address No 13 Cubia Street

Remarks

RETURN OF A BIRTH.

116180

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23. 1881
4. *Place of Birth (Street and Number)* 19 N. Bond St
5. *Full Name of Mother* Mary Ann Beard
6. *Mother's Maiden Name* Mary Ann Smith
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph S Beard
9. *Father's Occupation* —
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. D. W. Hinck M.D.

Address 95 E. Baltimore St.

Remarks

46481

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1881
4. *Place of Birth, (Street and Number)* 36 S Stricker St
5. *Full Name of Mother,* Mary Octavia Wright
6. *Mother's Maiden Name,* " " Leach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dennis Wright
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Martinsburg W.Va.

Name of Medical Attendant, or other Person who makes this Return. W. C. Kegerlin M.D.

Address, W. C. Fayette & Calhoun Sts

Remarks,

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46482

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23/81
4. *Place of Birth, (Street and Number)* #53 Stiles Str
5. *Full Name of Mother,* Eliza Frey
6. *Mother's Maiden Name,* Deschinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Frey
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46483

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 23rd 1881
4. *Place of Birth, (Street and Number)*	334 Sharp St.
5. *Full Name of Mother*	Elizth Viereckt
6. *Mother's Maiden Name*	Weltner
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Louis Viereckt
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor Hanover & Barrett
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

164484

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mul
3. *Date of Birth,* 26 of March 1881
4. *Place of Birth, (Street and Number)* 173 Hocking St
5. *Full Name of Mother,* Annette Luber
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Luber
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Madame Uhlig

Address, 41 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46486

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 23 1881
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
(state whether Male or Female)	Male
or Color (if not of the white race)	Mulatto
of Birth	March 24th 1881
of Birth (Street and Number)	184 Park Ave
Name of Mother	Susan Green
r's Maiden Name	Dillo (unmarried)
r's Birthplace	Centreville Md
Name of Father	
's Occupation	
's Birthplace	
of Medical Attendant, or other Person who makes this Return.	J. E. Lindsay m.d.
ess	159 Park Ave
rks	

46486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (~~*state whether 1st, 2d*~~, 3d, ~~*&c.*~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* March 24th 1881.
4. *Place of Birth (Street and Number)* 263. Linden Ave.
5. *Full Name of Mother* Mary E. Tottle.
6. *Mother's Maiden Name* Mary E. Holtz.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* William A. Tottle
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozed M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46487

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH MAR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of March 1881.
4. *Place of Birth, (Street and Number)* No. 7 North Washinton street.
5. *Full Name of Mother,* Mary Sparklen.
6. *Mother's Maiden Name,* Mary Franklen.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Franklen
9. *Father's Occupation,* Booksbinder.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel.

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

153

116488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1891
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 24 of march 1891
4. *Place of Birth* (Street and Number) N° 93 Moses alley
5. *Full Name of Mother* Mary Hooker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Cormish
9. *Father's Occupation* oyster Shucker
10. *Father's Birthplace* Easton Shore

Name of Medical Attendant, or other Person who makes this Return. Lucy Cormish

Address Jordan alley N° 13

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11648 9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 24th 1891
4. *Place of Birth (Street and Number)* Williamson Street No 17
5. *Full Name of Mother* Lilly Griffith
6. *Mother's Maiden Name* Lilly Capsaddle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hillary Griffith
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address No 10 Rhys Street

Remarks

46490

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 March 1881
4. *Place of Birth, (Street and Number)* Balto. Nilot s. No 25
5. *Full Name of Mother,* L. Bolek
6. *Mother's Maiden Name,* L. Kvett
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Kvett
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Boheme

Name of Medical Attendant, or other Person who makes this Return Mary Kaptist

Address, 69 Washington st

Remarks, Mary Kaptist

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46491

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 24th 1881.
4. *Place of Birth, (Street and Number)* 179 Ensor st.
5. *Full Name of Mother* Thresia Braker.
6. *Mother's Maiden Name* Thresia Jokel
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Frank. Braker.
9. *Father's Occupation* ~~Balto.~~ Tailor
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Wm Hillegeist

Address 182 C Monument st

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1161192

HEALTH DEPARTMENT 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 24th 1881.
4. *Place of Birth, (Street and Number)* # 76 Summerset street.
5. *Full Name of Mother* Susan A. Engelman
6. *Mother's Maiden Name* Susan Enders.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* J. H. Engelman
9. *Father's Occupation* Butc[illegible]
10. *Father's Birthplace* [illegible] Saxon.

Name of Medical Attendant, or other Person who makes this Return. Geo Hillegeist.

Address 182 E Baltimore st.

Remarks

46493
46494

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (Twine)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24 1881
4. *Place of Birth, (Street and Number)* No 390 E. Eager Street
5. *Full Name of Mother,* Katie F. Doyle
6. *Mother's Maiden Name,* Katie F. McConnelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Doyle
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1164 95

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 24th March 1881

4. *Place of Birth, (Street and Number)* 32 Peter or Street center

5. *Full Name of Mother,* Mary J. Merritt

6. *Mother's Maiden Name,* Mary J. Bell

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Edward S Merritt

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Franklin Co. Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curley St Canton

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4614 96

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* twenty ~~third~~ fourth
4. *Place of Birth* (Street and Number) Baltimore above 21 92
5. *Full Name of Mother* unmarried
6. *Mother's Maiden Name* martha. Scot
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address 212 Druid St

Remarks mother and Child doing well

RETURN OF A BIRTH 46697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Fourth Thursday March 24th 1891
4. *Place of Birth, (Street and Number)* S. W. Cor of Haight & Front St.
5. *Full Name of Mother,* Kate Madden
6. *Mother's Maiden Name,* Kate Duffy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Madden
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Winters M.D.

Address, 25 E. Lexington Ave

Remarks, Fully Presentation.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24, 1881
4. *Place of Birth (Street and Number)*	115 E. Lombard St.
5. *Full Name of Mother*	Mary E. Redman
6. *Mother's Maiden Name*	Mary E. Benton
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Columbus Redman
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. W. Hinch M.D.
Address	95 E. Baltimore St.
Remarks	

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

46499

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24. 1881
4. *Place of Birth, (Street and Number)* 58 Desoberi al. Baltimore
5. *Full Name of Mother,* Lizie Bollinger
6. *Mother's Maiden Name,* Messmeringer
7. *Mother's Birthplace,* Catonswil
8. *Full Name of Father,* Joseph Bollinger
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Wurtemburg

Name of Medical Attendant, or other Person who makes this Return

Address, Miss Dunler

Remarks, No 60 Schorter St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

163500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 of March
4. *Place of Birth, (Street and Number)* No 3 Norris st Baltimore
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Violet Jones
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Andrew R adams
9. *Father's Occupation,* truck Wagon
10. *Father's Birthplace,* Tappahannock Va

Name of Medical Attendant, or other Person who makes this Return. Cathrine Jones

Address, No 3 Norris st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 25 of March 1891
4. *Place of Birth, (Street and Number)* 15 Front St
5. *Full Name of Mother,* Carrie Frank
6. *Mother's Maiden Name,* Rosenstein
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Max Frank
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mark Illing

Address, 28 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1881
4. *Place of Birth, (Street and Number)* No 237 W. Lombard St.
5. *Full Name of Mother,* Rachel Morris
6. *Mother's Maiden Name,* " Steiner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Herman Morris
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Langenselbold Prussia

Name of Medical Attendant, or other Person who makes this Return. Ambrose W. Wemble

Address, No 205 W. Lombard St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46503

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1881
4. *Place of Birth, (Street and Number)* Light St
5. *Full Name of Mother,* Catherine E. Adams
6. *Mother's Maiden Name,* Catharine E. McCann
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo H Adams
9. *Father's Occupation,* Tin Copper
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Hanover St

Remarks,

That any Physician, accoucheur, midwife, or other person who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

46504

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of March 1881.
4. *Place of Birth, (Street and Number)* 373 Eastern Ave.
5. *Full Name of Mother,* Kate Schüsler.
6. *Mother's Maiden Name,* Kate Punte.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charlie Punte.
9. *Father's Occupation,* Black-Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, ~~Healthy~~ Delegate.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46505

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th March 1881
4. *Place of Birth, (Street and Number)* Balto. Jefferson st N 457
5. *Full Name of Mother,* Carolina Vavrina
6. *Mother's Maiden Name,* Car. Duchoslav
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Wavrina
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Skoptist

Address, 69 Washington st

Remarks, Mary Skoptist

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether ~~male~~ or female)* White
2. *Race or Color, (if not of the white race)* March 25th/81
3. *Date of Birth,* No 514 N. Paca St
4. *Place of Birth, (Street and Number)* Juliet E. Brown
5. *Full Name of Mother,* " " Tudell
6. *Mother's Maiden Name,* Baltimore Md
7. *Mother's Birthplace,* Joseph P. Brown
8. *Full Name of Father,* Tailor
9. *Father's Occupation,* New York City
10. *Father's Birthplace,* H. L. Speer M.D.

Name of Medical Attendant, or other Person who makes this Return. 387 W. Lombard "

Address, ...

Remarks, ...

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

46506

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Twelfth (12th)
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	March 25th 1881
4. *Place of Birth,* (*Street and Number*)	333 N Eden St
5. *Full Name of Mother,*	Mary E Parkinson
6. *Mother's Maiden Name,*	" " Haynes
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joel B. Parkinson
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina F. Winter
Address,	186 Harford Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46508

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 25, 1881
4. *Place of Birth, (Street and Number)* 139 Johnson St
5. *Full Name of Mother* Laura Seth
6. *Mother's Maiden Name* Laura Warner
7. *Mother's Birthplace* Kent Co Md
8. *Full Name of Father* Jas F Seth
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Rec'd Office of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 25 1881
4. *Place of Birth, (Street and Number)* 35 Byrd St
5. *Full Name of Mother* Albertie Johnson
6. *Mother's Maiden Name* Berner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Elsie Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 25 March 1891

4. Place of Birth, (Street and Number) No 71 Cornell Place

5. Full Name of Mother Harriett Daly Berry

6. Mother's Maiden Name Harriett Jane Perry

7. Mother's Birthplace Baltimore

8. Full Name of Father George Berry

9. Father's Occupation Saloon

10. Father's Birthplace Baltimore

Name of Medical Atiendant, or other Person who makes this Return. Routh

Address Baltimore 70 Chestnut

Remarks Mother and Child doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of March 1881
4. *Place of Birth, (Street and Number)*	No 467 Eastern Ave. Opposite the Park
5. *Full Name of Mother,*	Mrs Anna E Maasch
6. *Mother's Maiden Name,*	Anna E Walter
7. *Mother's Birthplace,*	South Bond Street
8. *Full Name of Father,*	Edw R Maasch
9. *Father's Occupation,*	Butchering Establishment
10. *Father's Birthplace,*	Highland Town, Canton
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley
Address,	No 12 Patterson Park Ave.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* 4 females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 25 1881
4. *Place of Birth (Street and Number)* Parish St No 15
5. *Full Name of Mother* Amelia Shipley
6. *Mother's Maiden Name* Amelia Ferrell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamen F Shipley
9. *Father's Occupation* Black smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley Formley Mrs S Fuhrman

Address 792 Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25th 1881
4. *Place of Birth, (Street and Number)* No 298 W. Ann sts.
5. *Full Name of Mother,* Eliza Abrams
6. *Mother's Maiden Name,* " Baker
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Abrams
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank sts.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4655 14

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* w. white
3. *Date of Birth* March 25. 1881
4. *Place of Birth (Street and Number)* 152 N. Exeter St.
5. *Full Name of Mother* Laura Johnson
6. *Mother's Maiden Name* " Lawson
7. *Mother's Birthplace* Ohio
8. *Full Name of Father* Wm George Johnson
9. *Father's Occupation* Rail Road Conductor
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Marburg Brown MD

Address 68 McCulloh Street

Remarks

46515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 25th 1881

4. Place of Birth (Street and Number) 348 E Pratt St

5. Full Name of Mother Mattie W Simpson

6. Mother's Maiden Name Mattie W Jackson

7. Mother's Birthplace Brooklyn

8. Full Name of Father Wm E Simpson

9. Father's Occupation Dock Builder

10. Father's Birthplace Mass.

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger M.D.

Address 121 W. Monument St

Remarks 7 Trios: E Simpson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46516

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	march 25th 1881
4. *Place of Birth, (Street and Number)*	" C Warner S.
5. *Full Name of Mother*	Annie Manning
6. *Mother's Maiden Name*	" " Scully
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	James Manning
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Margt A. Richmond
Address	185 Lee S.
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46517

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th of March
4. *Place of Birth, (Street and Number)* 175 King St
5. *Full Name of Mother,* Bertha Elizabeth Fisher
6. *Mother's Maiden Name,* " " Stahl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Fisher
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dunlar

Remarks, No 60 Shroeder St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46578

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1881
4. *Place of Birth, (Street and Number)* No 7 Walker Street.
5. *Full Name of Mother,* Margreta Sanders
6. *Mother's Maiden Name,* Margreta Silber
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jacob Sanders
9. *Father's Occupation,* Lock Smith
10. *Father's Birthplace,* Bremmen Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Bull.

Address, No. 185 S.E. cor. Central av. & Monument St.

Remarks, Well Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th
4. Place of Birth (Street and Number)	No 384 N Charles St
5. Full Name of Mother	Ellen Alston Dulany
6. Mother's Maiden Name	Simons
7. Mother's Birthplace	West Point. New York
8. Full Name of Father	Walter Dulany
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 March 1911
4. *Place of Birth, (Street and Number)* 43 Central Ave
5. *Full Name of Mother,* Lena Aulbach
6. *Mother's Maiden Name,* Hartman
7. *Mother's Birthplace,* Hanau
8. *Full Name of Father,* Fred Aulbach
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Hanau

Name of Medical Attendant, or other Person who makes this Return. Dr. Uhlig

Address, 48 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March 26th 1881
4. *Place of Birth,* (*Street and Number*) No 205 S. Eutaw St.
5. *Full Name of Mother,* Anna Katie Vordemberg
6. *Mother's Maiden Name,* " " Schuckmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Henry Vordemberg
9. *Father's Occupation,* Currier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Pembrike W. Womble

Address, No 205 W. Lombard St.

Remarks,

JOHN G. PIET, PRINTER & STATIONER, BALT.

46522

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 22d of March
4. *Place of Birth, (Street and Number)* 1814 Anthony
5. *Full Name of Mother* Sarah Francis Portman
6. *Mother's Maiden Name* Sarah Francis Pohler
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Peter Bohler
9. *Father's Occupation* a Capation & Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina Lauer

Remarks 113 Harford

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3-26-1881
4. *Place of Birth, (Street and Number)* Maternité Hospital
5. *Full Name of Mother,* Mary Bailey
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Missouri
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Res. Physician L. L. Sitting

Address, 161 W. Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 29 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 March
4. *Place of Birth, (Street and Number)* No 29 Ensor
5. *Full Name of Mother,* Rebecca Cook
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hugo Cook
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46523

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Sex Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 26, 1881.
4. *Place of Birth, (Street and Number)* Camden St. No. 62.
5. *Full Name of Mother,* Maria Kroenecke
6. *Mother's Maiden Name,* Maria Henning
7. *Mother's Birthplace,* Monrode K. Preussen Germany
8. *Full Name of Father,* Werner Kroenecke
9. *Father's Occupation,* Wine Dealer
10. *Father's Birthplace,* Frohnhausen K. Preussen Germany

Name of ~~Medical~~ Attendant, or other Person who makes this Return) Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46526

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sec Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 26, 1881.
4. *Place of Birth, (Street and Number)* N. Exeter St. No 102.
5. *Full Name of Mother,* Anna Weber
6. *Mother's Maiden Name,* Anna Gros
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Johan. Weber
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46591

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 26 1891
4. Place of Birth (Street and Number)	Lombard st No 515
5. Full Name of Mother	Annie E Baker
6. Mother's Maiden Name	Annie E Ross
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward M Baker
9. Father's Occupation	iron worker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Kelley Saturday Md
Address	792 Pratt st
Remarks	Mrs Ross 515 Lombard st

46528

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 26th 1881
4. *Place of Birth, (Street and Number)* No 13 Armstead lane
5. *Full Name of Mother,* Cathern Beer
6. *Mother's Maiden Name,* Ott
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Beer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* 2 Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 26 1881
4. *Place of Birth (Street and Number)* Charles st No 658
5. *Full Name of Mother* Bessey Miller
6. *Mother's Maiden Name* Bessey wachet
7. *Mother's Birthplace* Pikes Vill
8. *Full Name of Father* John A Miller
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Kelley Formerly Mrs S Tuburger

Address 772 Pratt st

Remarks Mrs E Belmier No 658 Charles st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mch 26th 81
4. *Place of Birth, (Street and Number)* 142 Mulberry
5. *Full Name of Mother,* Hagah Porter
6. *Mother's Maiden Name,* Sarah Lockington
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Abraham Porter
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. D. H. Miller M.D.

Address, 89 Greene St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

166531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 26th 81
4. *Place of Birth, (Street and Number)* 845 Franklin St. (245)
5. *Full Name of Mother,* Sarah Owens Myers
6. *Mother's Maiden Name,* Sarah Owens
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Saml D Myers
9. *Father's Occupation,* Mercantile
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 89 N. Green St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

16532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) Sixth (6th)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Saturday March 26th 1881
4. *Place of Birth, (Street and Number)* No 15 J Jefferson Street
5. *Full Name of Mother* Mrs. Annie Muir
6. *Mother's Maiden Name* Miss Annie Wilson
7. *Mother's Birthplace* Philadelphia, Pa.
8. *Full Name of Father* Mr. Henry Muir
9. *Father's Occupation* Railroad Agent B.W.R.R.
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 102 North Broadway

Remarks

46533

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 26th 1881
4. *Place of Birth, (Street and Number)* 904 W. Bratt St.
5. *Full Name of Mother,* Elizabeth Butthuff
6. *Mother's Maiden Name,* " Bellmyr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Butthuff
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other Person who makes this Return. M. J. Lanan

Address, 435 W. McHenry St.

Remarks, Fine healthy baby.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

116534

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
ART
1921
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 26th March 1881
4. *Place of Birth, (Street and Number)* No 94 Beach Alley
5. *Full Name of Mother* Sam Brandt
6. *Mother's Maiden Name* L Gerard
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Norbert Brandt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 18 Byrd St

Remarks

46535

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26 1881
4. *Place of Birth, (Street and Number)* 441 Hamburg St
5. *Full Name of Mother,* Sarah Ella Deems
6. *Mother's Maiden Name,* " " Supp
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thos E Deems
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakemore

Address, 168 S Paca St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) F.
2. Race or Color (if not of the white race) W.
3. Date of Birth March 26, 1881
4. Place of Birth (Street and Number) 81 Columbia Avenue
5. Full Name of Mother Ellenora Garton
6. Mother's Maiden Name " Giles
7. Mother's Birthplace Balt.
8. Full Name of Father Wm. Garton
9. Father's Occupation Carver
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Chas W. Neff

Address 306 W Fayette St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) —
3. Date of Birth March 26 1881
4. Place of Birth (Street and Number) 323 N Gilmer St
5. Full Name of Mother Evas Eugenia Brown
6. Mother's Maiden Name Evas Eugenia Maddox
7. Mother's Birthplace Somerset County Md
8. Full Name of Father Guinbury Henry Brown
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address 99 N Charles St

Remarks

J W Correll MD

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46538

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	26th 1881
4. *Place of Birth (Street and Number)*	1592 Mont-
5. *Full Name of Mother*	Mary Casey
6. *Mother's Maiden Name*	" Condon
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Jeremiah Casey
9. *Father's Occupation*	Marble Polisher
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo B Reynolds
Address	Calvert & monument
Remarks	

RETURN OF A BIRTH

46539

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* ~~1st~~, *2d*, ~~3d~~, &c.)

1. *Sex,* (*state whether male or* ~~female~~)
2. *Race or* ~~Color~~, (*if not of the white race*)
3. *Date of Birth,* March 26, 1881
4. *Place of Birth,* (*Street and Number*) 287 N. Broadway
5. *Full Name of Mother,* Mamie W. Baker
6. *Mother's Maiden Name,* Typer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas L. Baker
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Wm White Md

Address, 367 N. Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

465140

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March the 26

4. *Place of Birth, (Street and Number)* No 27 S° Schroeder st

5. *Full Name of Mother,* Mrs Lizzie Munch

6. *Mother's Maiden Name,* Mrs Lizzie Carl

7. *Mother's Birthplace,* Chambersburg Pa

8. *Full Name of Father.* Louis Munch

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Catherine Seebach

Remarks, 439 west Pratt st

HEALTH DEPARTMENT APR 6 1901 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

11654-1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 26 1881
4. *Place of Birth (Street and Number)*	709 W. Lombard St
5. *Full Name of Mother*	Sallie Fuller Bratt
6. *Mother's Maiden Name*	Sallie Fuller
7. *Mother's Birthplace*	Balto Co.
8. *Full Name of Father*	William Bratt
9. *Father's Occupation*	
10. *Father's Birthplace*	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	J. Shreeve Hill M.D.
Address	432 W Fayette St.
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* march the 27 1881
4. *Place of Birth (Street and Number)* No 11 - Stoy on Ave
5. *Full Name of Mother* Annia Seryons
6. *Mother's Maiden Name* Annia Thomas
7. *Mother's Birthplace* Cambridge Cyster Shore md
8. *Full Name of Father* Levie Seryons
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warn

Address 258 Roberge

Remarks Born sick dont 4 s pec to live from sickness of it mother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Duplicate Copy

RETURN OF A BIRTH. 46543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27, 1881
4. Place of Birth, (Street and Number) Gilmore near Lafayette ave
5. Full Name of Mother, Belle Henry Trimble
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thomas J. Trimble
9. Father's Occupation Clerk
10. Father's Birthplace, ~~Balto City~~ New York City

Name of Medical Attendant, or other person who makes this Return, J Harvey Hill M.D.

Address, 807 N. Arlington ave

Remarks,

Regul

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

116543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	march 27 1881
4. Place of Birth (Street and Number)	Jenuine st near Lafayette ave
5. Full Name of Mother	Bell Henry Trimble
6. Mother's Maiden Name	〃 —
7. Mother's Birthplace	B. C
8. Full Name of Father	Thomas Trimble
9. Father's Occupation	Clerk
10. Father's Birthplace	B. C.
Name of Medical Attendant, or other Person who makes this Return.	J. Harvey Mills M.D
Address	119 Edmondson ave.
Remarks	

Post Record of Vital Statistics in ... City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH,

165441

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 27th 81.
4. *Place of Birth, (Street and Number)* # 1 Richard St cor. Partin.
5. *Full Name of Mother* Lillie Sands.
6. *Mother's Maiden Name* Lillie Worley.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Robert Sands.
9. *Father's Occupation* Picture frames manufacturer.
10. *Father's Birthplace* New York City.

Name of Medical Attendant, or other Person who makes this Return. C. G. Watts M. D.

Address 106 Columbia Ave

Remarks

RETURN OF A BIRTH

46545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race* Colored
3. *Date of Birth,* 27th March
4. *Place of Birth, (Street and Number)* 56 China st.
5. *Full Name of Mother,* Marie Boyer
6. *Mother's Maiden Name,* " Sonson
7. *Mother's Birthplace,* Ellicksunder
8. *Full Name of Father,* Henry Boyer
9. *Father's Occupation,* Miner
10. *Father's Birthplace,* Landcounty

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 194 Warner st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46546

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1881
4. *Place of Birth, (Street and Number)* 69 Johnson St
5. *Full Name of Mother,* Emma L. Skillman
6. *Mother's Maiden Name,* Emma L. Jollinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jas R. Skillman
9. *Father's Occupation,* Grain Elevator Boss
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Theodore Cooke

Address, 140 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46547

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 March
4. *Place of Birth, (Street and Number)* 45 Market Space
5. *Full Name of Mother,* Dui Opperman
6. *Mother's Maiden Name,* Bush
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Opperman
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46548

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 March
4. *Place of Birth, (Street and Number)* 7 N Eden
5. *Full Name of Mother,* Ana Lenz
6. *Mother's Maiden Name,* Bünsen
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Josef Lenz
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carpier

Address, 82 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46549

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 March
4. *Place of Birth, (Street and Number)* 95 Eastern Av
5. *Full Name of Mother,* Lizzi Herring
6. *Mother's Maiden Name,* Straus
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Andrew Herring
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 1
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 March
4. *Place of Birth, (Street and Number)* 157 E Eden
5. *Full Name of Mother,* Barbara Couch
6. *Mother's Maiden Name,* Will
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Andrew Couch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Cooper

Address, 812 E Eutaw

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 27th 1881
4. *Place of Birth, (Street and Number)*	382 S. Charles St
5. *Full Name of Mother,*	Anne M. Doyle.
6. *Mother's Maiden Name,*	" " Kenney.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Frank Doyle.
9. *Father's Occupation,*	Policeman.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M.D.
Address,	152 Sharp St.
Remarks,	

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

46552

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 te

1. *Sex, (state whether male or ~~female~~)* "
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* March 27 1881
4. *Place of Birth, (Street and Number)* S Bonn str 254
5. *Full Name of Mother,* Barbary Ittner
6. *Mother's Maiden Name,* Fasold
7. *Mother's Birthplace,* Besern
8. *Full Name of Father,* Kornrud Ittner
9. *Father's Occupation,* Backer
10. *Father's Birthplace,* Besern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Raubach

Address, S Wolfstr No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

~~March~~ Arile 1st 1881

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 27th 1881
4. Place of Birth (Street and Number) 67 Dover Street
5. Full Name of Mother Netz Johnson
6. Mother's Maiden Name finney
7. Mother's Birthplace ~~[illegible]~~ ~~va~~ Onancock Va
8. Full Name of Father Babe Johnson
9. Father's Occupation Sailor
10. Father's Birthplace Manchester Va

Name of Medical Attendant, or other Person who makes this Return. Mary G Dennis

Address No. 21 Peach Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) forth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth twenty seventh
4. Place of Birth (Street and Number) Baltimore marsdlley Nam 111
5. Full Name of Mother martha powel
6. Mother's Maiden Name martha ringold
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander powel
9. Father's Occupation Catchmen and ~~[illegible]~~ waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address 212 Dover St

Remarks mother and Child doing well

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46555

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	March twenty seventh
4. Place of Birth (Street and Number)	Baltimore mars alley 111
5. Full Name of Mother	martha Jane spruel
6. Mother's Maiden Name	martha Ringold
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander spruel
9. Father's Occupation	Coatchman and Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mary Jane richardson
Address	212 dover st
Remarks	mother and Child doing well

46556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

name Herbert Leakin Ogier

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 27th March.
4. Place of Birth (Street and Number) Cor of Monument & Gist St
5. Full Name of Mother Isabella (Ozier). Ogier
6. Mother's Maiden Name Isabella Bond.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Geo. W. (Ozier). Ogier
9. Father's Occupation Gardener.
10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. D. J. G. Cockrell

Address # 340. E. Balto St

Remarks Balto. Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46557

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 27th 1881
4. *Place of Birth, (Street and Number)* 30 Frederick Ave
5. *Full Name of Mother,* Laura Cutcher
6. *Mother's Maiden Name,* " Hilton
7. *Mother's Birthplace,* Balti Co Md
8. *Full Name of Father,* Jno H Cutcher
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other Person who makes this Return. W C Wigeshe MD

Address, W Co Fayette & Calhoun Sts

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
(state whether Male or Female)	Female
or Color (if not of the white race)	White
of Birth	March 28th 1881
of Birth (Street and Number)	52 Townsend St.
Name of Mother	Minnie Godby
er's Maiden Name	Ashbridge
er's Birthplace	New Orleans La
Name of Father	Alexander John Godby
er's Occupation	Grain Merchant
er's Birthplace	England
me of Medical Attendant, or other Person who makes this Return.	L. E. Lindsay M D
dress	159 Park Ave.
narks	

HEALTH DEPARTMENT MAR 29 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 28 1881
4. *Place of Birth, (Street and Number)* 1 C Jackson St
5. *Full Name of Mother* Ida Nightingale
6. *Mother's Maiden Name* Ida Bailey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Nightgale
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash

Address

Remarks

46560

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~Fe~~ March 28. 1881
4. *Place of Birth, (Street and Number)* 26 Fairmount Ave.
5. *Full Name of Mother,* Ella ~~Ray~~ Simpson
6. *Mother's Maiden Name,* " Ray
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Robert H. Simpson
9. *Father's Occupation,* ~~Carpenter~~ Ship-joiner
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk

Address, Balt. & Wash. sts.

Remarks, Natural,

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46561

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Of March 1881
4. *Place of Birth, (Street and Number)* Highland Town Baltimore
5. *Full Name of Mother,* Julie Gathright
6. *Mother's Maiden Name,* " Cophart "
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* George Gathright
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Ritchmond

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park N. Y.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

116562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6 Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 28th of March 1881.
4. *Place of Birth,* (*Street and Number*) 86 North Washington Street
5. *Full Name of Mother,* Kate Mertz
6. *Mother's Maiden Name,* Kate Mertz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Mertz
9. *Father's Occupation,* Gilter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, K. 71. North Chapel Street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~5 Lurman St~~ March 28. 1881
4. *Place of Birth (Street and Number)* 5 Lurman St
5. *Full Name of Mother* Ella Waterhouse
6. *Mother's Maiden Name* " Underwood
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Edgar Waterhouse
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address 68 N. Culloh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46564

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th of March
4. *Place of Birth, (Street and Number)* 292 Howard St.
5. *Full Name of Mother,* Mary Pistel
6. *Mother's Maiden Name,* " Keyser.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Lewis Pistel
9. *Father's Occupation,* Notion-Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46565

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 28th Feb. 1881
4. *Place of Birth, (Street and Number)* No 11 N. Arlington av.
5. *Full Name of Mother,* Louisa Frentz
6. *Mother's Maiden Name,* Düffelsdorf.
7. *Mother's Birthplace,* Bremen Germany.
8. *Full Name of Father,* Hermann C. Frentz.
9. *Father's Occupation,* Grocery and Provisions.
10. *Father's Birthplace,* Mecklenburg Schwerin Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dumbler

Address, No 60 N. Schroder st.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the fifth child

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* colord race
3. *Date of Birth* March 28 1891
4. *Place of Birth (Street and Number)* Baltimore Md 56 Walker Street
5. *Full Name of Mother* Delsye A Griffin
6. *Mother's Maiden Name* Delsye A Chambers
7. *Mother's Birthplace* Ma Missipsia
8. *Full Name of Father* William J Griffin
9. *Father's Occupation* Water
10. *Father's Birthplace* Chambrdg Marland

Name of Medical Attendant, or other Person who makes this Return. Nate Kilby

Address 44 Walker

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46567

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 28th 1881
4. *Place of Birth, (Street and Number)* #30 Forrest St
5. *Full Name of Mother,* Mary E. Duffin
6. *Mother's Maiden Name,* Mary E. Butler
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John T. Duffin
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml F. Powell MD

Address, No 29 Arsquith St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN R. PIET, PRINTER & STATIONER, BALT.

46568

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Mon March 28th 1881
4. *Place of Birth, (Street and Number)* No 60 Frederick ave
5. *Full Name of Mother* Liana Marks.
6. *Mother's Maiden Name* Liana Brauer.
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* August Marks.
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. Catherine Coll

Address No 57 Bantaloe St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11659 F

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of March
4. *Place of Birth, (Street and Number)* Fell Street No 4
5. *Full Name of Mother,* Getrud Seifert
6. *Mother's Maiden Name,* = Röben
7. *Mother's Birthplace,* Hannover (Germ)
8. *Full Name of Father,* Nicolaus Seifert
9. *Father's Occupation,* Beymaker
10. *Father's Birthplace,* Jemen (Denmark)

Name of Medical Attendant, or other Person who makes this Return. G. Behnken. Midwife

Address, 20 Gist Street

Remarks, Cor of Canton Ave

JOHN B. PIET, PRINTER & STATIONER, BALT.

46570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 28th 1881
4. *Place of Birth (Street and Number)* 115 W Fayette St
5. *Full Name of Mother* Fanny E. Freburger
6. *Mother's Maiden Name* Fanny E. Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E. Freburger
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 343 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 28th 1881
4. *Place of Birth, (Street and Number)* Baltimore Lombard st No 4 X 4
5. *Full Name of Mother* Kate Scully
6. *Mother's Maiden Name* Gallagher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Scully
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Mitchell

Address No 58 Parkin st.

Remarks

46572

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (B)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1881
4. *Place of Birth, (Street and Number)* 2 St Peter St
5. *Full Name of Mother,* Florence H Krauz
6. *Mother's Maiden Name,* " " Elliott
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas C Krauz
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake Md

Address, 168 S Paca St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46573

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 6 1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28th March 1881.
4. *Place of Birth, (Street and Number)* 503 W. Balto.
5. *Full Name of Mother,* Agathe Hermann
6. *Mother's Maiden Name,* Agathe Sinz
7. *Mother's Birthplace,* Germania (Würtemberg)
8. *Full Name of Father,* John Hermann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germania (Baiern)

Name of Medical Attendant, or other Person who makes this Return. Sommerfeld

Address, 38. Penna. Av.

Remarks,

...ccoucheur, midwife, or other person in charge, who shall attend, assist or ...y child, within the City of Baltimore, shall report to the registrar aforesaid, ...after, stating distinctly the date of birth, sex, and color of the child or children ...ysical condition, whether still-born or not, the full name, nativity, and residence ...d the maiden name of the mother of such child or children.

...ALT.

46574

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1881
4. *Place of Birth, (Street and Number)* 46 N. Gilmore [illegible]
5. *Full Name of Mother,* Ellenora Fuller
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Louis J. Fuller
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. W. [illegible] M.D.

Address, [illegible]

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

621

RETURN OF A BIRTH.

14657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) W.
3. *Date of Birth* March 28th. 881
4. *Place of Birth* (Street and Number) No 642 Bath St.
5. *Full Name of Mother* Kate Ahrens
6. *Mother's Maiden Name* " Ryan
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* John Ahrens
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Chas F. Neff

Address 306 W Fayette St

Remarks

RETURN OF A BIRTH

116576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 28th 1881
4. *Place of Birth, (Street and Number)* 43 President st.
5. *Full Name of Mother,* Rocia Pascutch
6. *Mother's Maiden Name,* " Tonsie
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Alphonso Pascutch
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 28 th.
4. *Place of Birth, (Street and Number)*	556 West Pratt St.
5. *Full Name of Mother,*	Dora Doenges
6. *Mother's Maiden Name,*	Dora Scholl.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George. Doenges
9. *Father's Occupation,*	Professor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Catherine Seebach
Remarks,	439 west Pratt St

HEALTH DEPARTMENT APR 6 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

4665 78

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28 1881
4. Place of Birth (Street and Number)	45 S. W. Lombard St.
5. Full Name of Mother	Leonora Pomphrey Vaughan
6. Mother's Maiden Name	" " Moran
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Edwin S. Vaughan
9. Father's Occupation	Painter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M.D.
Address	432 W. Fayette St City
Remarks	

RETURN OF A BIRTH

46579

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1881
4. *Place of Birth, (Street and Number)* No. 212 E. Eagle St.
5. *Full Name of Mother,* Kate Huber
6. *Mother's Maiden Name,* Kate Baker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Michel Huber
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt

Address, No 185. S.E. cor Central av & Monument St.

Remarks, Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

16580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29th 1881
4. *Place of Birth, (Street and Number)* No 58 Block 015
5. *Full Name of Mother,* Louisa Kammlsel
6. *Mother's Maiden Name,* " Nicholas
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Kammelsel
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Barth st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 29, 1881
4. *Place of Birth, (Street and Number)* Madeira Alley No 40
5. *Full Name of Mother,* Caroline Holz
6. *Mother's Maiden Name,* Caroline Eckhard
7. *Mother's Birthplace,* Oberlen Gr. Hessen Germany
8. *Full Name of Father,* Georg Holz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Keller

Address, N. Dallas St. No 26

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46582

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 March
4. *Place of Birth, (Street and Number)* 52 E Lombard
5. *Full Name of Mother,* Adelaine Hamilton
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* S Carolina
8. *Full Name of Father,* Louis Hamilton
9. *Father's Occupation,* Clark
10. *Father's Birthplace,* S Carolina

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Dark

3. Date of Birth March 29 - 1881

4. Place of Birth (Street and Number) 97 Moore's Alley

5. Full Name of Mother Charlotte E Taylor

6. Mother's Maiden Name " Ridgley

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John R Taylor

9. Father's Occupation Messenger

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. E. Rider M.D.

Address 89 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th
4. *Place of Birth (Street and Number)* Corner of Asquith st and point Lane
5. *Full Name of Mother* Mary Lissy Remmel
6. *Mother's Maiden Name* Mary Lissy Chaas
7. *Mother's Birthplace* Pitsburg pa
8. *Full Name of Father* Conrad Remmel
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Lane E Barless

Address No 44 North Spring St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1881
4. *Place of Birth (Street and Number)* No. 23 Booth St.
5. *Full Name of Mother* Mary Ellen Boult
6. *Mother's Maiden Name* Mary Ellen Walton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Washington Edward Boult
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. No. 136 Mrs. Jane Mercer

Address No. 136 McHenry St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46586

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT ALL 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29d
4. *Place of Birth, (Street and Number)* 41 Jackson St Baltimore
5. *Full Name of Mother,* Anna L. Helbing
6. *Mother's Maiden Name,* Anna L. Hamlett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Helbing
9. *Father's Occupation,* Bacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Barbara Ruiz Johanna

Address, No. 26 S. Frederick St Baltimore Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th of March
4. *Place of Birth, (Street and Number)* 72 Oak St.
5. *Full Name of Mother,* Mary Rider.
6. *Mother's Maiden Name,* Sines.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* E. Alexander Rider.
9. *Father's Occupation,* Cabinet-maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral St.

Remarks,

RETURN OF A BIRTH

46581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29 '81
4. *Place of Birth, (Street and Number)*	Cor. Cross and Russell Sts.
5. *Full Name of Mother,*	Maggie Heinecke
6. *Mother's Maiden Name,*	" Emerich
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	Bernard Heinecke
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Sachsen — Germany
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 South Eutaw St
Remarks.	

HEALTH DEPARTMENT APR 1 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29th 1881.
4. *Place of Birth, (Street and Number)*	160 Lee St.
5. *Full Name of Mother,*	Catharine Flockenhagen
6. *Mother's Maiden Name,*	" Ziegler
7. *Mother's Birthplace,*	Kur-Hesse-Germany.
8. *Full Name of Father,*	Chas. Flockenhagen
9. *Father's Occupation,*	Druggist-Salesman
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 South Eutaw St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Records of Vital Statistics the true City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4659 0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 29th 1881
4. *Place of Birth, (Street and Number)*	* 6 Bennett St
5. *Full Name of Mother,*	Ida Schurch
6. *Mother's Maiden Name,*	Ida Leach
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Schurch
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Saml L Powell M.D.
Address,	No 29 Augusta St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46591

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 2 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th ch.

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Mar 29 1887
4. *Place of Birth, (Street and Number)* 37 Hartford Avenue
5. *Full Name of Mother* Elizabeth Talbott
6. *Mother's Maiden Name* " Ash
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Talbott
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Tallman M D

Address 23 Franklin "

Remarks

46592

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 81
4. *Place of Birth, (Street and Number)* Clarkson St. 4 doors from Randall St.
5. *Full Name of Mother,* Whilemina C. Boesche
6. *Mother's Maiden Name,* Whilemina C. Miller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wil. H. Boesche
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Wm Münch

Address, 8 Leatenhall Stitt

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 29th 1881.
4. *Place of Birth, (Street and Number)* Stockton St
5. *Full Name of Mother* Sarah Jane Keller
6. *Mother's Maiden Name* Sarah Jane Clarke
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* James Henry Keller
9. *Father's Occupation* Painter
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address 20 Argyle ave. & Mosher St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116594

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether male or female)* female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* März 29 — 1881.
4. *Place of Birth (Street and Number)* 72 Frederick Ave.
5. *Full Name of Mother* Dina Krüger.
6. *Mother's Maiden Name* Dina Marks
7. *Mother's Birthplace* Preussen
8. *Full Name of Father* Barnard Krüger
9. *Father's Occupation* Milk-man
10. *Father's Birthplace* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. —

Address Catharina - Barlage.

Remarks Child - found - Life.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 12

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* March 27: 1881
4. *Place of Birth (Street and Number)* 219 St Paul st
5. *Full Name of Mother* Barnes Hollis
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Harford Co
8. *Full Name of Father* ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. A. C. Williams

Address 201 Madison Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46596

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29th March 1881
4. *Place of Birth, (Street and Number)* No 3
5. *Full Name of Mother* Hanna Andreson
6. *Mother's Maiden Name* H. Hoff
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jens Andreson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hanna

Address No 18 Byrd St

Remarks

46597

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th (1881)
4. *Place of Birth, (Street and Number)* 33 St Peter St
5. *Full Name of Mother,* Lizzie Dunn
6. *Mother's Maiden Name,* " Stewart
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo R. Dunn
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 165 S Paca St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 116598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 29 th 1881
4. *Place of Birth, (Street and Number)* No 34 Haubert Street
5. *Full Name of Mother* Augusta Wolfram
6. *Mother's Maiden Name* Augusta Koch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William E. Wolfram
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Maggie Ettel

Address No 13 Lubeck Street

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 8 1881

HEALTH DEPARTMENT 8 APR 1881 BALTIMORE

No. 116599

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29 1881
4. *Place of Birth (Street and Number)* 351 South Bond St
5. *Full Name of Mother* Matilda King
6. *Mother's Maiden Name* Do Simmons
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles King
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address Nurse of the Said Charles Henry King

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 March
4. *Place of Birth, (Street and Number)* 11 Secondary Lane
5. *Full Name of Mother,* Alice Elgart
6. *Mother's Maiden Name,* " " Davis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Elgart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 120 Barnes St

Remarks,

HEALTH DEPARTMENT
APR
1901
BALTIMORE

JOHN B. ELET, PRINTER & STATIONER, BALT.

116601

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29th of March 1881
4. *Place of Birth, (Street and Number)* 136 Hisquith St.
5. *Full Name of Mother* Mary E. Ahl
6. *Mother's Maiden Name* Mary E. McCafferty
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Rowa Aha
9. *Father's Occupation* Varnisher
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline

Remarks Balto City

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46602

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30-1881
4. Place of Birth (Street and Number)	52 Fawn St
5. Full Name of Mother	Mary A Agnew
6. Mother's Maiden Name	" " Polze
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Thomas Agnew
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	2 W Broadway.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether ~~male or~~ female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11h 55m P.M. 30th March, 1881.
4. *Place of Birth (Street and Number)* Cor Cary & Chapel Sts, Balto Md
5. *Full Name of Mother* Julia Mary Selmate
6. *Mother's Maiden Name* Julia Mary Hock
7. *Mother's Birthplace* Baltimore, Maryland
8. *Full Name of Father* Charles Frederick Selmate
9. *Father's Occupation* Stove Dealer & Tinner
10. *Father's Birthplace* Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Wood M.D.

Address 236 N. Howard St

Remarks

RETURN OF A BIRTH

146604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 1881
4. *Place of Birth, (Street and Number)* 161 N. Lombard St. Maternité
5. *Full Name of Mother,* Ella Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Sitting M.D.

Address, Maternité Hospital

Remarks,

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46605

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 30th. 1881

4. *Place of Birth, (Street and Number)* No. 155 Chestnut Stret

5. *Full Name of Mother,* Kate Smith

6. *Mother's Maiden Name,* Kate Anderson

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* John A. Smith

9. *Father's Occupation,* U. S. Wisky Gager.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. J. Butt.

Address, No. 185. S. E. cor. Central av. & Monument St.

Remarks, Born Monsday night 11 o'clock (Child) died this morning March 31st 1881 at 8. o'clock. Mother having a heavy cold settled on the childs breast.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Records of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46606

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 30 – 1881
4. *Place of Birth (Street and Number)* 378 Orleans St.
5. *Full Name of Mother* Anna Ortmann
6. *Mother's Maiden Name* Warner
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Ortmann
9. *Father's Occupation* Shoe-Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary L. Stein

Address 151 E Pratt St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1891 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Fourth.

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 30th 1881.
4. *Place of Birth, (Street and Number)* 331 E. Pratt St.
5. *Full Name of Mother* Antoinette Beatrice Wagner.
6. *Mother's Maiden Name* Antoinette B. Nicol.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* George Elliott Wagner.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

46608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 30th 1881
4. *Place of Birth (Street and Number)* 88 S. Castle st.
5. *Full Name of Mother* Magdalen Gebhardt
6. *Mother's Maiden Name* " Schmitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Gebhardt
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return P. G. Dauschud

Address 27. N. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

#16609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 1
1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 30ter März
4. *Place of Birth, (Street and Number)* No 9. Hill Str
5. *Full Name of Mother,* Carleine Rill
6. *Mother's Maiden Name,* Carleine Reiß
7. *Mother's Birthplace,* in Schweden
8. *Full Name of Father,* John Rill
9. *Father's Occupation,* Schiffarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemmie

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46610

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Lecture B

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Earlard
3. *Date of Birth* March 30 1881
4. *Place of Birth, (Street and Number)* Baltimore 77 North Bethel
5. *Full Name of Mother* Hanah Dockens
6. *Mother's Maiden Name* Hanah Rich
7. *Mother's Birthplace* Summerset Co Prince ann Md
8. *Full Name of Father* Henry Dockene
9. *Father's Occupation* Wood dealer
10. *Father's Birthplace* Dorchester Co Cambrage Md

Name of Medical Attendant, or other Person who makes this Return. Annie Cooper

Address No 9 Minn alley

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th March
4. *Place of Birth, (Street and Number)* No 2912 Central Ave
5. *Full Name of Mother,* Lizzie Thiene
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thiene
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 30th/91
4. *Place of Birth (Street and Number)* 337 Light st
5. *Full Name of Mother* Marie Mitchell
6. *Mother's Maiden Name* " Staylor
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John F. Mitchell
9. *Father's Occupation* Commission merchant
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis

Address

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 30/81
4. *Place of Birth, (Street and Number)*	246 N. Eutaw
5. *Full Name of Mother*	Marion Louisa Canby Blackman
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City Md.
8. *Full Name of Father*	Edwin Knight Canby
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. City Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

Extract from Regulations of the Board of Health.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11661 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 30th 1891
4. *Place of Birth, (Street and Number)* 68 E Lombard St
5. *Full Name of Mother* Elisa Rosendorn
6. *Mother's Maiden Name* Eliza Schultze
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. Rosendorn
9. *Father's Occupation* Silversmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G Luckemeyer

Address 229 W. Lombard St

Remarks

RETURN OF A BIRTH.

46616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 6 1891
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 3rd 1891
4. *Place of Birth* (Street and Number) No. Harlem & Arlington Avenue
5. *Full Name of Mother* Helena J. Merryman
6. *Mother's Maiden Name* Helena J. Hammond
7. *Mother's Birthplace* Anne Arundel Co
8. *Full Name of Father* Chas D. Merryman
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Thomas Shearer M. D.

Address No. 97 N. Charles St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) M.

2. Race or Color (if not of the white race) Mr.

3. Date of Birth Mar. 30th, 1881

4. Place of Birth (Street and Number) 305 N. Fayette St

5. Full Name of Mother Annie Smith

6. Mother's Maiden Name " —

7. Mother's Birthplace Balt.

8. Full Name of Father John P. Smith

9. Father's Occupation Can Manufacturer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Chas. M. Reed

Address 306 N. Fayette St.

Remarks

HEALTH DEPARTMENT APR 1 1881

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race) W.

3. Date of Birth March 30th, 1881

4. Place of Birth (Street and Number) 698 W. Balt. St.

5. Full Name of Mother Mary Hilderbrand

6. Mother's Maiden Name " —

7. Mother's Birthplace Balt.

8. Full Name of Father Geo. Hilderbrand

9. Father's Occupation Carpenter

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Chas W. Neff

Address 306 W Fayette St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.6618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~f 27~~ White
3. *Date of Birth,* March 8/81
4. *Place of Birth, (Street and Number)* # 217 S. Bethel Str
5. *Full Name of Mother,* Richard ~~Ray~~ Rains
6. *Mother's Maiden Name,* ..... Ray
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Rains
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Kraft

Address, # 236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Blanks furnished by Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11619

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 11

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 " March 1881
4. *Place of Birth, (Street and Number)* 84 Ensor
5. *Full Name of Mother* Hola V. Smith
6. *Mother's Maiden Name* Hola V. McCaffrey
7. *Mother's Birthplace* Ballo City
8. *Full Name of Father* John Smith
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Ballo Co

Name of Medical Attendant, or other Person who makes this Return. Mary Wall

Address 135 N. Eutaw

Remarks

RETURN OF A BIRTH

4662 21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 31 st 1881
4. *Place of Birth, (Street and Number)*	No 586 Hanover st
5. *Full Name of Mother,*	Louise Bendt
6. *Mother's Maiden Name,*	Bender
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Bendt
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	M. Lohmaster midwife
Address,	330 Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1881 - (10½ AM)
4. *Place of Birth, (Street and Number)* 161 W. Lombard (Maternite)
5. *Full Name of Mother,* Mrs. C. O. Reedy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Frederick City
8. *Full Name of Father,* C. O. Reedy
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Washington Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. L. Pitting M.D.

Address, Maternite Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Hebrew
3. *Date of Birth,* March 31st 1881
4. *Place of Birth, (Street and Number)* 140 Gough st
5. *Full Name of Mother,* Mary Plack
6. *Mother's Maiden Name,* " Wolfram
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Plack
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1881
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6te

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31. 1881
4. *Place of Birth, (Street and Number)* E. Pratt str No 296
5. *Full Name of Mother,* Barbara Reuter
6. *Mother's Maiden Name,* Merz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Andrew Reuter
9. *Father's Occupation,* Stargiser
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm Joh. Buerbach

Address, E. Pratt str No 14

Remarks, Wm Duke

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend; assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11662 11

HEALTH DEPARTMENT APR 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	March 31, 1891.
4. Place of Birth (Street and Number)	181 Saratoga St.
5. Full Name of Mother	Eliza Williams
6. Mother's Maiden Name	Winter,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thos. E. Williams,
9. Father's Occupation	Tinner,
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	175 Saratoga St.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

11625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 31st March

4. *Place of Birth* (Street and Number) 26 Druid Hill Ave.

5. *Full Name of Mother* Eliza Jane Geisman

6. *Mother's Maiden Name* " " Foreble

7. *Mother's Birthplace* Carroll Co. Md.

8. *Full Name of Father* Abraham H Geisman

9. *Father's Occupation* Harness Maker

10. *Father's Birthplace* Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M.D.

Address 165 Argyle Ave.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1921 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 31st
4. Place of Birth (Street and Number) Chappel St No 164
5. Full Name of Mother Elizabeth A Wilson
6. Mother's Maiden Name Elizabeth A Waters
7. Mother's Birthplace Anna Arundel County
8. Full Name of Father John Wilson
9. Father's Occupation Labourer
10. Father's Birthplace Prince George County

Name of Medical Attendant, or other Person who makes this Return.

Address Mary E. Price 200 N. Broadway

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 31st 1881
4. Place of Birth (Street and Number) 326 Hanover St
5. Full Name of Mother Alice Stephens
6. Mother's Maiden Name Alice Worthington
7. Mother's Birthplace Maryland
8. Full Name of Father James S. Stephens
9. Father's Occupation Hack driver
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Z. K. Wiley MD

Address 158 Hanover Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and co
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex, (state whether male or female)..* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31th 1881
4. *Place of Birth, (Street and Number)* N 108½ High near low &c
5. *Full Name of Mother,* Mary Mellina Manfere
6. *Mother's Maiden Name,* Mary Mafere Manfre
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Dominick Mafere
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs: Sommefeld

Address, N 38 Pensylvania V.

Remarks,

HEALTH DEPARTMENT
APR
1881
BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

46629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ATH 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth 5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31st 1881
4. Place of Birth (Street and Number)	363 McDonough St.
5. Full Name of Mother	Alice Lisetta Gillingham
6. Mother's Maiden Name	Harvey
7. Mother's Birthplace	Richmond. Va.
8. Full Name of Father	Wm. Jas. Gillingham
9. Father's Occupation	Stage Driver
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein, M.D.
Address	195 N. Eden St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 31
4. *Place of Birth (Street and Number)* 52 Eastern av
5. *Full Name of Mother* Mary Elizabeth Ely
6. *Mother's Maiden Name* " " Partner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John B Ely
9. *Father's Occupation* Ship joiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Partner

Address 59 Madera Al

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46631

HEALTH DEPARTMENT ... 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3"

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 31st of 1881
4. *Place of Birth, (Street and Number)* 317 E. Madison st.
5. *Full Name of Mother* M. J. Hugg
6. *Mother's Maiden Name* M. J. Irwin
7. *Mother's Birthplace* South Carolina
8. *Full Name of Father* Andrew J Hugg
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* South

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 135 W. Carolina

Remarks [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11,632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 31st 1881
4. *Place of Birth, (Street and Number)*	118 Cross St.
5. *Full Name of Mother*	Mary E. Garaty
6. *Mother's Maiden Name*	Gilbert
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	James Garaty
9. *Father's Occupation*	Dairyman
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. E. Lee
Address	Hanover Baltimore
Remarks	

RETURN OF A BIRTH

11 6 6 33

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1881
4. *Place of Birth, (Street and Number)* No. 260 E. Madison St
5. *Full Name of Mother,* Kate Amos
6. *Mother's Maiden Name,* Kate Gunthrund.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Bud Amos.
9. *Father's Occupation,* Musicioner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mr M. A. Bud

Address, No. 185. S.E. cor. Central av. & Monument St

Remarks, Vel Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

146311

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* March 20th 1881
4. *Place of Birth (Street and Number)* 158 Central Ave
5. *Full Name of Mother* Henrietta Sandless
6. *Mother's Maiden Name* Eigner
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Geo. W. Sandless
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslea

Address 256 E. Johnson

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
7
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 30th 1881
4. *Place of Birth* (Street and Number)	574 Aisquith st
5. *Full Name of Mother*	Elizabeth Cassell
6. *Mother's Maiden Name*	Baker
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Alex Cassell
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	M. B. Billingslea MD
Address	2566 Jackson st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31 1881
4. *Place of Birth, (Street and Number)*	44 Hamburg St
5. *Full Name of Mother,*	Anna Frederick
6. *Mother's Maiden Name,*	Anna Murray
7. *Mother's Birthplace,*	Indiana
8. *Full Name of Father,*	B. F. Bowers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stokes Md
Address,	17 Hanover
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth January 13. 1880
4. Place of Birth (Street and Number) 170 S. Wolfert
5. Full Name of Mother Agnes Margaretha Rhode
6. Mother's Maiden Name Wolrch
7. Mother's Birthplace Germany
8. Full Name of Father Chas Rhode
9. Father's Occupation Ship - Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. F. Flathien, M.D.

Address 245 S. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 18th 1880
4. Place of Birth (Street and Number) 247 N. Canal St.
5. Full Name of Mother Julia Hearn
6. Mother's Maiden Name Young
7. Mother's Birthplace Balto
8. Full Name of Father Wm F. Hearn
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Hathien, Ass

Address 245 S. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth March 4th 80
4. Place of Birth (Street and Number) 8 Kayserstreet
5. Full Name of Mother Anna Mary Kuebler
6. Mother's Maiden Name Bonnet
7. Mother's Birthplace Germany
8. Full Name of Father Henry Kuebler
9. Father's Occupation Brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. F. Hathien, Mo

Address 248 S. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

46640

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Luther Lewis

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 5th 78 Division st
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Emma Lewis
6. *Mother's Maiden Name* " Drew
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lloyd Lewis
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 261 Madison Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 17, 1880
4. Place of Birth (Street and Number) 267 Allocation
5. Full Name of Mother Dorothea Sophia Morfeld
6. Mother's Maiden Name Wolsch
7. Mother's Birthplace Germany
8. Full Name of Father Eilert Morfeld
9. Father's Occupation Hevedory
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Flashier, Asst

Address 2401 Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth March 21st 80
4. Place of Birth (Street and Number) 36 N. Springth.
5. Full Name of Mother Louisa Wittich
6. Mother's Maiden Name Lutharett
7. Mother's Birthplace Nutsy
8. Full Name of Father George Wittich
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J Flathoen, Mrs

Address

Remarks 248 S. Baltimore St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1880
4. Place of Birth (Street and Number) E. Lombard near Washington
5. Full Name of Mother Elizabeth Lorenz
6. Mother's Maiden Name Mink
7. Mother's Birthplace Bates
8. Full Name of Father Joseph Lorenz
9. Father's Occupation Iron Moulder
10. Father's Birthplace Bates

Name of Medical Attendant, or other Person who makes this Return. F. Flatwell Jr.

Address 2451 Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1880
4. Place of Birth (Street and Number) 496 N. Gay
5. Full Name of Mother Mary Dressel
6. Mother's Maiden Name Bessel
7. Mother's Birthplace Bilto
8. Full Name of Father Adam Dressel
9. Father's Occupation Telegrapher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Flathien, M.D.
245 S. Bilto

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1880
4. Place of Birth (Street and Number) 166 S. Broadway
5. Full Name of Mother Mary Margaretha Derch
6. Mother's Maiden Name Heinmetz
7. Mother's Birthplace Germany
8. Full Name of Father George Derch
9. Father's Occupation Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J Hashien, Mrs

Address

Remarks Dr. C. Baltimore Ct

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

46646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Wh. Te
3. *Date of Birth* July 29th 1880
4. *Place of Birth* (Street and Number) 245 S. Monmouth.
5. *Full Name of Mother* Mary Anna Mathieu
6. *Mother's Maiden Name* Boyce
7. *Mother's Birthplace* Md
8. *Full Name of Father* Ferdinand Mathieu
9. *Father's Occupation* Physician
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. F Mathieu, MD

Address 245 S. Monmouth

Remarks

4-6647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 2d 1880
4. Place of Birth (Street and Number) 78 N. Chapel St
5. Full Name of Mother Franciska Kraus
6. Mother's Maiden Name Schaefer
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Kraus
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Mathews, Pres

Address

Remarks 245 S. Baltimore St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26th 80
4. Place of Birth (Street and Number) 160 S. Norris
5. Full Name of Mother Barbara Goldbach
6. Mother's Maiden Name Heinmetz
7. Mother's Birthplace Germany
8. Full Name of Father Otto Goldbach
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Hashiell, M.D.

Address 245 S. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 2d 1880
4. Place of Birth (Street and Number) 335 E. Pratt
5. Full Name of Mother Mary Magdalena Burger
6. Mother's Maiden Name Wehr
7. Mother's Birthplace Bitty
8. Full Name of Father Fred. Burger
9. Father's Occupation House - Carpenter
10. Father's Birthplace Bitty

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address 245 S. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th & 5th

1. Sex (state whether Male or Female) females
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 16th 1881
4. Place of Birth (Street and Number) 26 Fillstr
5. Full Name of Mother Anna Hoelljes
6. Mother's Maiden Name Baltman
7. Mother's Birthplace Germany
8. Full Name of Father Dietrich Hoelljes
9. Father's Occupation Ship-Chandler
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 248 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

46651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 17th 1881
4. Place of Birth (Street and Number) 44 Fawn Street
5. Full Name of Mother Katharine Myohl
6. Mother's Maiden Name Schuster
7. Mother's Birthplace Natty
8. Full Name of Father Chas Myohl
9. Father's Occupation Clerk
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Stathieu, Mt

Address 245 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 20th 81
4. Place of Birth (Street and Number) 4 S. Wolfe
5. Full Name of Mother Isabella Schmidt
6. Mother's Maiden Name Hoerner
7. Mother's Birthplace Nitty
8. Full Name of Father Louis Schmidt
9. Father's Occupation Clerk
10. Father's Birthplace Nitty

Name of Medical Attendant, or other Person who makes this Return. J. Hathorn, Asst

Address [illegible]

Remarks [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 21st 1880
4. Place of Birth (Street and Number) 233 Leestreet
5. Full Name of Mother Franciszka Schaper
6. Mother's Maiden Name Bartell
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernest J. Fred. Schaper
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Stathien, Mrs

Address 248 S. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 28. 81.
4. Place of Birth (Street and Number) 104 S. Regestrat
5. Full Name of Mother Charlotte Gobrecht
6. Mother's Maiden Name Froeder
7. Mother's Birthplace Germany
8. Full Name of Father Wm Gobrecht
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J Stathien, Mid

Address 24 S. Wilsonmore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46655

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male Chied
2. *Race or Color, (if not of the white race)* C Callard
3. *Date of Birth,* march 17 · 1881
4. *Place of Birth, (Street and Number)* pleach alley No 5
5. *Full Name of Mother,* maria Jones
6. *Mother's Maiden Name,* Maria Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James · Jones
9. *Father's Occupation,* oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, No 80 plum ~~[illegible]~~ alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 19 1881 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th March 1881
4. *Place of Birth, (Street and Number)* 351 Mulberry St.
5. *Full Name of Mother,* Clara E. Stine
6. *Mother's Maiden Name,* Rhodes
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Edward C. Stine
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings, M. D.

Address, 274 Madison Ave.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

46657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 27th 1881
4. Place of Birth (Street and Number) 110 N. Chapel
5. Full Name of Mother Elizabeth Riehl
6. Mother's Maiden Name Kayser
7. Mother's Birthplace Betty
8. Full Name of Father Rudolph Riehl
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 245 S. Belmont St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

46658
46659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ACE BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Six before these two = making 7 & 8 [illegible]

1. *Sex* (~~state whether~~ *Male* ~~or~~ *Female*)
2. *Race* ~~or~~ *Color* (~~if not of the white race~~) Colored
3. *Date of Birth* April 1st 1881.
4. *Place of Birth (Street and Number)* 65 Watson St
5. *Full Name of Mother* Emma Jacobs
6. *Mother's Maiden Name* " Ross
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Jacob Edwards
9. *Father's Occupation* Learnster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Greg G Sherkey M.D.

Address 11 S. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1st 1881
4. *Place of Birth, (Street and Number)* No 59 Essex st
5. *Full Name of Mother,* Lena Wahl
6. *Mother's Maiden Name,* " Bien
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Wahl
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46661

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~657 Light St~~ April 1st 1881
4. *Place of Birth, (Street and Number)* 657 Light St
5. *Full Name of Mother,* Ann E. Reecamper
6. *Mother's Maiden Name,* Ann E. Bachman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Henry Reecamper
9. *Father's Occupation,* Lab Mr
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return. Theodore Yoke MD

Address, 146 S Lanvale St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 1st 1881

HEALTH DEPARTMENT APR 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth April 1st 1881
4. Place of Birth (Street and Number) No 46 China St
5. Full Name of Mother Eliza Ann Nickolas
6. Mother's Maiden Name Ann Griffin
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob Nickolas
9. Father's Occupation Scowman
10. Father's Birthplace Kent island Queen Ann Co. Md

Name of Medical Attendant, or other Person who makes this Return. Mary S Dennis

Address No 21 Peach Aly Balt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1st 1881
4. *Place of Birth, (Street and Number)* 162 S Ann st
5. *Full Name of Mother,* Eliza Brown
6. *Mother's Maiden Name,* " Long
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Solon H. Brown
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address, 120 Bank st.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

466641

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of April
4. *Place of Birth, (Street and Number)* 378 West st
5. *Full Name of Mother,* Lizzie Harig
6. *Mother's Maiden Name,* Lizzie Fritz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Harig
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* New Albany Indiana

Name of Medical Attendant, or other Person who makes this Return Katharine Minch

Address, 8 Lucadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46665

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1881
4. *Place of Birth, (Street and Number)* N 429 W Fayette St
5. *Full Name of Mother,* Henrietta Matilda Schmidt
6. *Mother's Maiden Name,* Henrietta M. Boleth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry D. Schmidt
9. *Father's Occupation,* Dealer in Carriages
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M. D.

Address, N 114 Park Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 1st 81
4. *Place of Birth (Street and Number)*	No 63 Camden St
5. *Full Name of Mother*	Irena Brant
6. *Mother's Maiden Name*	Irena Earnst
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Brant
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J G Wombe M D
Address	203 W Lombard St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-6667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 1st 1881
4. Place of Birth (Street and Number)	361 Penna Ave
5. Full Name of Mother	Julia Comadon
6. Mother's Maiden Name	"
7. Mother's Birthplace	City of Balt.
8. Full Name of Father	~~~
9. Father's Occupation	~~~
10. Father's Birthplace	~~~
Name of Medical Attendant, or other Person who makes this Return.	A Tinsley M.D.
Address	386 Druid Hill Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46668

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT ... 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (?)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1891
4. *Place of Birth, (Street and Number)* 55 St Peter St
5. *Full Name of Mother,* Eliza Estelle Gallion
6. *Mother's Maiden Name,* " " Priest
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William E. Gallion
9. *Father's Occupation,* Collar Maker
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Jno H. Blake Md

Address, 1685 Pacific

Remarks, Mrs G. was only 15 yrs of age [illegible] birth day which occurred in [illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* First April
4. *Place of Birth, (Street and Number)* 223 Pratt St
5. *Full Name of Mother,* Mary Finkman
6. *Mother's Maiden Name,* Mary Zingapis
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John F. Finkman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Linder.

Address, 675 E. Monroe St.

Remarks,

HEALTH DEPARTMENT APR 3 1891 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

46670

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1st 1881
4. *Place of Birth, (Street and Number)* 68 Burgundy Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Laura Thomas
7. *Mother's Birthplace,* Kent County Md
8. *Full Name of Father,* Not Known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 11 Burgundy Alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46671

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Childre

1. *Sex, (state whether male or female)* Feind
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 1 of April
4. *Place of Birth, (Street and Number)* No 3 Weber St
5. *Full Name of Mother,* Medina Meyer
6. *Mother's Maiden Name,* Medina Winter
7. *Mother's Birthplace,* Westfallen
8. *Full Name of Father,* Clamens Meyer
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Westfallen

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 128 West St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether ~~male or female~~)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th, 1881
4. *Place of Birth, (Street and Number)* John St. near Spring St. no number
5. *Full Name of Mother,* Theresia Behrenz
6. *Mother's Maiden Name,* Theresia Schubert
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Johan Behrenz
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Bremen, p. St. Bremen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. N° 426

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Collard

3. Date of Birth April 1881

4. Place of Birth (Street and Number) No 17 Shuard St

5. Full Name of Mother Jane Seymore

6. Mother's Maiden Name Jane Lake

7. Mother's Birthplace Dorchester Co md

8. Full Name of Father Charles Seymore

9. Father's Occupation Barber

10. Father's Birthplace Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Paul

Address North Horn St

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating directly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

166711

HEALTH DEPARTMENT
APR
1911
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 April
4. *Place of Birth, (Street and Number)* No 64 Granby St
5. *Full Name of Mother,* Mary Lentz
6. *Mother's Maiden Name,* Zirr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Lentz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st '91
4. *Place of Birth, (Street and Number)* Charles St near Oliver
5. *Full Name of Mother,* Elizabeth Beach
6. *Mother's Maiden Name,* " Clarke
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John Joseph Beach
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. F. B. Brune M.D.

Address, 365 N. Charles St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 46676

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 1 1881
4. *Place of Birth, (Street and Number)* 147 Eastern avenue
5. *Full Name of Mother* Jane Exton
6. *Mother's Maiden Name* Jane Falkenath
7. *Mother's Birthplace* England
8. *Full Name of Father* Francis Exton
9. *Father's Occupation* Potter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Murray Symons 153

Address Collington avenue

Remarks

46677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1
4. Place of Birth (Street and Number)	69 Clinton Av
5. Full Name of Mother	Margrat Cristal
6. Mother's Maiden Name	gahiser
7. Mother's Birthplace	germany
8. Full Name of Father	[illegible] cristal
9. Father's Occupation	clerk
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary Bertner
Remarks	59 Madeira Pl

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 1, 1881.
4. *Place of Birth, (Street and Number)*	206 Chew st.
5. *Full Name of Mother,*	Laura V. Atwell.
6. *Mother's Maiden Name,*	Riley.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	William H. Atwell.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Atwell
Address,	286 Alt Borough st
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1 1881
4. Place of Birth (Street and Number)	No 174 N. Washington ave
5. Full Name of Mother	Louisa C. Gray
6. Mother's Maiden Name	Louisa C. Merrisith
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jacob D. Gray
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. D. Taylor M.D.
Address	# 222 N Broadway
Remarks	

RETURN OF A BIRTH

46680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 1
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1. April
4. *Place of Birth, (Street and Number)* 384 N. Washington
5. *Full Name of Mother,* Lise Krone
6. *Mother's Maiden Name,* Fredrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Krone
9. *Father's Occupation,* Telegrapher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ARR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1881
4. *Place of Birth (Street and Number)* 17 Little Constitution
5. *Full Name of Mother* Maggie O'Neil
6. *Mother's Maiden Name* " Hagerty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James O'Neil
9. *Father's Occupation* Police
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46682

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Not Child 2

state whether male or female) mail

or Color, (if not of the white race) Color

of Birth, April the 1 1881

of Birth, (Street and Number) Seven Hall St 41

Name of Mother, Mary Effort

r's Maiden Name, Mary Cooper

r's Birthplace, Baltimore Md

Name of Father, Willim Effort

r's Occupation, oyster Shucker

r's Birthplace, Aconage Conte Ver

of Medical Attendant, or other Person who makes this Return Dey Sidney

ss, [illegible] [illegible] [illegible] No 1 [illegible]

rks,

AND STATIONERS

46653

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 April
4. *Place of Birth, (Street and Number)* 22 E Pratt
5. *Full Name of Mother,* Marie Larkens
6. *Mother's Maiden Name,* Batchford
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James Larkens
9. *Father's Occupation,* Picture Store
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Leaffie

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1166814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 1: 1881
4. *Place of Birth (Street and Number)* 215 N. Bradford
5. *Full Name of Mother* Mary Emma ~~Meredith~~ Challoner
6. *Mother's Maiden Name* " " Meredith
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Thomas Challoner
9. *Father's Occupation* Huckster
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. F. C. Williams M.D.

Address 201 Madison Ave

Remarks

46685

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 1 April 1881
4. *Place of Birth, (Street and Number)* 250 Chesnut Steel
5. *Full Name of Mother* Ann Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Laghtown
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Ruth Wilson

Address 70 Chesnut Steel

Remarks Mother and Kid Doing Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11-6686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 2 — 1887
4. *Place of Birth (Street and Number)* 137 S. Eden St.
5. *Full Name of Mother* Christina Bunker
6. *Mother's Maiden Name* Schuhmann
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Bunker
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address 151 E Pratt St.

Remarks

RETURN OF A BIRTH

46687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1887
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, April 2 1887
4. Place of Birth, (Street and Number) 186 N Caliis St
5. Full Name of Mother,
6. Mother's Maiden Name, Laurer Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, Lucynder Woolford

Address, 134 N. Register St

Remarks, N Remarks

JOHN B. FIET, PRINTER & STATIONER, BALT.

46688

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of April
4. *Place of Birth, (Street and Number)* No 159 Jason St
5. *Full Name of Mother,* Cath Cainning
6. *Mother's Maiden Name,* Catte Quining
7. *Mother's Birthplace,* Eileen
8. *Full Name of Father,* Patrick Cainning
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eileen

Name of Medical Attendant, or other Person who makes this Return. Sabina Griesh

Address, Sh 120 West St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

A 6659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th day of April

4. Place of Birth, (Street and Number) 12 S. Collington Ave Balto

5. Full Name of Mother, Mrs Margaretha Schulenburg

6. Mother's Maiden Name, Margaretha Hitty

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Capt J. Schulenburg

9. Father's Occupation, Sea Captain

10. Father's Birthplace, Oldenburg Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Riley

Address, No 12 Patterson Park ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Child 3
1. *Sex,* (*state whether male or female*)	Female Child
2. *Race or Color,* (*if not of the white race*)	Colered Child
3. *Date of Birth,*	2 Aprail
4. *Place of Birth,* (*Street and Number*)	2 Winter street No 10
5. *Full Name of Mother,*	Catlin Jones
6. *Mother's Maiden Name,*	Nancy Logen
7. *Mother's Birthplace,*	castlen Stone hanicoke point
8. *Full Name of Father,*	Isaac Jackson
9. *Father's Occupation,*	Laber on th Whalf
10. *Father's Birthplace,*	Landcaster County
Name of Medical Attendant, or other Person who makes this Return,	Mrs Nancy Logen
Address,	2 Winter street No 28
Remarks,	Very good Condission

JOHN B. PIET, PRINTER & STATIONER, BALT.

46691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 April
4. *Place of Birth, (Street and Number)* No. 70 Granby St
5. *Full Name of Mother,* Bertha Brown
6. *Mother's Maiden Name,* Metzger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valetin Brown
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No. 70 Granby St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46692

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/81
4. *Place of Birth, (Street and Number)* #183 S. Bond Str
5. *Full Name of Mother,* Lizzie Keiner
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Keiner
9. *Father's Occupation,* Tiner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

46693

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The eight child

1. *Sex, (state whether male or female)* a female
2. *Race or Color, (if not of the white race)* White child
3. *Date of Birth,* second of April
4. *Place of Birth, (Street and Number)* 61 wagon Alley
5. *Full Name of Mother,* Kate Newton
6. *Mother's Maiden Name,* Kate Bergman
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* John Newton
9. *Father's Occupation,* laboring man
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Henry Geddy

Address.

Remarks,

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1166911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 April
4. *Place of Birth, (Street and Number)* 92 N. Chapel
5. *Full Name of Mother,* Barbora Svec
6. *Mother's Maiden Name,* " " Pamuska
7. *Mother's Birthplace,* Velesic Bohemia
8. *Full Name of Father,* Franc Svec
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Velesic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 2 E Barnes St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. DIET, PRINTER & STATIONER, BALT.

46695

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2, 1881
4. *Place of Birth, (Street and Number)* Kyser & Washington Sts
5. *Full Name of Mother,* Ida E. Erdman
6. *Mother's Maiden Name,* " " Leadley
7. *Mother's Birthplace,* Bato City
8. *Full Name of Father,* John W Erdman
9. *Father's Occupation,* Milk dealer
10. *Father's Birthplace,* Bato

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M.D.

Address, 3 Lex N Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 2nd 1881
4. *Place of Birth, (Street and Number)* 114 Low Street.
5. *Full Name of Mother* Kate Kaup
6. *Mother's Maiden Name* Kate Nitzgall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Kaup.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegiest

Address 182 E. Monument St.

Remarks

RETURN OF A BIRTH.

4669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 3d 1881.
4. Place of Birth (Street and Number)	162 Mapother ave.
5. Full Name of Mother	Mary Jane Gorman,
6. Mother's Maiden Name	" Sally.
7. Mother's Birthplace	Balt.
8. Full Name of Father	John Joseph Gorman.
9. Father's Occupation	Salesman.
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	175 Saratoga st.
Remarks	

RETURN OF A BIRTH 46698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1881
4. *Place of Birth, (Street and Number)* Light street No 562
5. *Full Name of Mother,* Amelia Woods
6. *Mother's Maiden Name,* Amelia Shultz
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Zachariah Woods
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 606 South Charles st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46699

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1931
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3d, 81
4. *Place of Birth, (Street and Number)*	Patterson Ave West of Gilmor
5. *Full Name of Mother,*	Mary Hughes
6. *Mother's Maiden Name,*	" Green
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	Geo Hughes
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	G H Jones M. D.
Address,	Cor Stricker & Pennsa
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 4th 1891

HEALTH DEPARTMENT APR 6 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1891
4. *Place of Birth, (Street and Number)* 48 Burgdt
5. *Full Name of Mother,* Carolina Rosenthal
6. *Mother's Maiden Name,* Carolina Schauer
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Rosenthal.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Hyde St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46701

HEALTH DEPARTMENT
APR 6 1881
BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male ~~or female~~) White
2. Race or Color, (if not of the white race) April the 3, 1881
3. Date of Birth, Little Gough St. No. 5.
4. Place of Birth, (Street and Number) Lizzie Burnes
5. Full Name of Mother, Lizzie Siegrist
6. Mother's Maiden Name, Balto City
7. Mother's Birthplace, Cornelius Burnes
8. Full Name of Father, Tanner
9. Father's Occupation, Balto City
10. Father's Birthplace, Harry E. Müller

Name of Medical Attendant, or other Person who makes this Return

Address, N. Dallas St. No. 26.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. C. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

46701

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ~~1st~~ Child

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 3, 1881
4. Place of Birth, (Street and Number) Little Gough St. No 5.
5. Full Name of Mother, Lizzie Burns
6. Mother's Maiden Name, Lizzie Siegrist
7. Mother's Birthplace, Balto City
8. Full Name of Father, Cornelius Burns
9. Father's Occupation, Tanner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Harry E. Müller

Address, N. Dallas St. No 26

Remarks, ...

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46702

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* april 3 1881
4. *Place of Birth, (Street and Number)* 11 cambridge street
5. *Full Name of Mother* margret a cook
6. *Mother's Maiden Name* margret a grey
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* George cook
9. *Father's Occupation* Book keeper
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46703

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of April 1881
4. *Place of Birth, (Street and Number)* 105 Boston St
5. *Full Name of Mother,* Elizabeth Winkelmen
6. *Mother's Maiden Name,* Strebbeny
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fertrich Winkelmen
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 17 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT BALTIMORE

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"Every physician, midwife, householder, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

467014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23 of April 1881

4. *Place of Birth, (Street and Number)* No 1[illegible] Pennsylvania ave Balto

5. *Full Name of Mother,* Elizzie Maria

6. *Mother's Maiden Name,* Riemer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Maria

9. *Father's Occupation,* Dealer in Music

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Tilley

Address. No 12 Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 8
1921
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1891
4. *Place of Birth, (Street and Number)* 562 S. Charles St
5. *Full Name of Mother,* Sarah V. North
6. *Mother's Maiden Name,* Sarah V. Austin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James North
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address, 146 Nauman St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) black
3. Date of Birth Third of april
4. Place of Birth (Street and Number) 14th parish aly
5. Full Name of Mother Mary E Loppins
6. Mother's Maiden Name Mary E Jones
7. Mother's Birthplace Colbert County Md
8. Full Name of Father Steven Loppins
9. Father's Occupation Labover
10. Father's Birthplace Colbert County Md

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th confinement (twins)
1. *Sex, (state whether male or female)*	males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd
4. *Place of Birth, (Street and Number)*	69 N Calhoun
5. *Full Name of Mother,*	Mary McQuillan
6. *Mother's Maiden Name,*	Mary McCauley
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Wm McQuillan
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. Thomas MD
Address,	143 N Charles
Remarks,	

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 April
4. *Place of Birth, (Street and Number)* 229 N. Bond St.
5. *Full Name of Mother,* Katharine Simek
6. *Mother's Maiden Name,* " " Rados
7. *Mother's Birthplace,* Rademišel Bohemia
8. *Full Name of Father,* John Simek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Kajek Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

[illegible] any Physician, accoucheur, midwife, or other person in charge, who shall [illegible]nd, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

116710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3rd day of April

4. *Place of Birth, (Street and Number)* 43 Eastern Avenue

5. *Full Name of Mother,* Mrs. Louise Amundsen

6. *Mother's Maiden Name,* Louise Mahlen Thordsen

7. *Mother's Birthplace,* Staten Island N.Y.

8. *Full Name of Father,* Aasvar Amundsen

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Kristiansand Norway

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46711

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 3rd 1881
4. *Place of Birth, (Street and Number)* No 212 N Gay Street
5. *Full Name of Mother,* Mary Kidd
6. *Mother's Maiden Name,* Mary Crane
7. *Mother's Birthplace,* Dublin Ireland
8. *Full Name of Father,* George Kidd
9. *Father's Occupation,* Coach maker
10. *Father's Birthplace,* Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible] Baltimore Md.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46712

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

Name: Elizabeth M. Westenhofer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 April
4. *Place of Birth, (Street and Number)* 4 Broad Allen
5. *Full Name of Mother,* Kattie (~~Wiestenhofer~~ Westenhofer)
6. *Mother's Maiden Name,* Debrot
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Daniel (~~Wiestenhofer~~ Westenhofer)
9. *Father's Occupation,* Wor Ramma
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Lara Cooper

Address, 50 Columbia

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 46713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 April 1881
4. *Place of Birth, (Street and Number)* 333 Canton Ave
5. *Full Name of Mother,* Christina Blum
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Blum
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Casper

Address, 52 E Lombard

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 3/81

4. Place of Birth (Street and Number) 210 Druid Hill Ave.

5. Full Name of Mother Emma Stein

6. Mother's Maiden Name Emma Hartman

7. Mother's Birthplace City

8. Full Name of Father Michael Stein

9. Father's Occupation Banker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. A B Hundarth

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46715

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* April 3
4. *Place of Birth, (Street and Number)* 16 S Republican St.
5. *Full Name of Mother,* Hattie Seeley
6. *Mother's Maiden Name,* " Perigoy
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Wm S. Seeley
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return W. F. Akemp

Address, 55 N. Greene St

Remarks, This is evidently a premature birth — about 7 mos no more — nails scarcely formed &c &c —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

16716

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 3rd.
4. *Place of Birth, (Street and Number)* E. 4 Conway Str.
5. *Full Name of Mother,* Louisa Catherine Hook.
6. *Mother's Maiden Name,* Louisa Catherine Bald.
7. *Mother's Birthplace,* Nr. Ft Pitt Pa.
8. *Full Name of Father,* Louis Hook.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Magdalena Sommerfeld.

Address, No. 38 Penna Ave.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth April 3d 1881
4. Place of Birth (Street and Number) 395 E Madison St
5. Full Name of Mother Amelia M Gude
6. Mother's Maiden Name Medinger
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick W Gude
9. Father's Occupation Currier Morocco dresser
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W W Diffenderffer Mt

Address [illegible] High St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April 2d 1881.
4. *Place of Birth, (Street and Number)* 532 Harford Road.
5. *Full Name of Mother* Rebecca Wilhelm
6. *Mother's Maiden Name* Rebecca Feldman
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* William Wilhelm
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Hend Hillquist

Address 102 E Monument Street.

Remarks

RETURN OF A BIRTH.

16719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd 1881
4. Place of Birth (Street and Number)	194 Madison St
5. Full Name of Mother	Anna A Spear
6. Mother's Maiden Name	" " Heagy
7. Mother's Birthplace	Gettysburg Pa
8. Full Name of Father	P Gurney Spear
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	M L Rosenau M D
Address	87 Mulberry St
Remarks	

46720

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 April
4. *Place of Birth, (Street and Number)* Mrs Amstudse Car
5. *Full Name of Mother,* Ellen Kussk
6. *Mother's Maiden Name,* Ellen Connors
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Carrs Kussk
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Gwalabe

Address, 118 West Bal

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8/91
4. *Place of Birth, (Street and Number)*	1211 Eastern Ave
5. *Full Name of Mother,*	Lizzie Kipp
6. *Mother's Maiden Name,*	" " " Roesler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kipp
9. *Father's Occupation,*	Leatherdealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#286 Caroline St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

16722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2 1931
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30/31
4. *Place of Birth, (Street and Number)* 171 S. Eden Str
5. *Full Name of Mother,* Annie Wolf
6. *Mother's Maiden Name,* nee Bideck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wolf
9. *Father's Occupation,* Seeman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, # 236 Eastern Ave

Remarks,

Revise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April
4. *Place of Birth, (Street and Number)*	# 6 China St.
5. *Full Name of Mother,*	Amelia Morand
6. *Mother's Maiden Name,*	" Kraus
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Morand
9. *Father's Occupation,*	~~Tailor~~ Tailor
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 South Eden St
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46724

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4 L.
4. *Place of Birth, (Street and Number)* 157 Mosher
5. *Full Name of Mother,* Lizzie Hoffman
6. *Mother's Maiden Name,* Buckingham
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* William Hoffman
9. *Father's Occupation,* Cor driver
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. G. W. Norris, M D

Address, Cor Stricker & Preston

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1881
4. *Place of Birth (Street and Number)* 150 S. Collington av
5. *Full Name of Mother* Barbara C. Hartley
6. *Mother's Maiden Name* Barbara C. Flaherty
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Chas. H. Hartley
9. *Father's Occupation* Iron Inspector
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkins

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of April
4. *Place of Birth, (Street and Number)* No 122 Hamburg St
5. *Full Name of Mother,* Maggie Hoesman
6. *Mother's Maiden Name,* Maggie Brisbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Hoesman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 125 West St

Remarks,

That any Physician, accoucheur, nurtwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 4th
4. *Place of Birth, (Street and Number)* Bank st 158
5. *Full Name of Mother* Anna Elizer
6. *Mother's Maiden Name* ..... Wagant
7. *Mother's Birthplace* Balt
8. *Full Name of Father* John Elizer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mr. Maurer

Address 178 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4679 8

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1881
4. *Place of Birth (Street and Number)* Baltimore. Hill Street. No. 68
5. *Full Name of Mother* Norela Lees
6. *Mother's Maiden Name* " Haney
7. *Mother's Birthplace* North Thunderland County Va
8. *Full Name of Father* Thomas H. Lees
9. *Father's Occupation* Barber
10. *Father's Birthplace* North Thunderland County Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No. 220 Montgomery St Balto

Remarks

46729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) durham S. T. 24

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) d color

3. Date of Birth date of birth ap. 4 1881

4. Place of Birth (Street and Number) baltimore. m.d

5. Full Name of Mother calling Weedy

6. Mother's Maiden Name calling Snowden

7. Mother's Birthplace ~~mishtol~~ est Shore. m.d

8. Full Name of Father ~~Sant~~ ~~est ton~~ frank Snowden

9. Father's Occupation i cary hod

10. Father's Birthplace ~~[illegible]~~ annapolis m.d

Name of Medical Attendant, or other Person who makes this Return. mrs foot medwife

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

146730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 4 April 1881

4. *Place of Birth, (Street and Number)* Baltimore

5. *Full Name of Mother,* Skalnik

6. *Mother's Maiden Name,* Sophie Rybak

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Skalnik

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopsil

Address, 69 Washington

Remarks, Mary Kopsil

HEALTH DEPARTMENT ... BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

4673-1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1881.
4. Place of Birth (Street and Number) Jefferson near Chester St
5. Full Name of Mother C M Olwine
6. Mother's Maiden Name C. M. Barickman.
7. Mother's Birthplace Balto City
8. Full Name of Father A. H. Olwine.
9. Father's Occupation Carpenter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jno W Chambers Md

Address 20 N Broadway

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46732

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Afrne 4/81
3. *Date of Birth,* No 24 Ryan st
4. *Place of Birth, (Street and Number)* Margaret Codd
5. *Full Name of Mother,* Whalen
6. *Mother's Maiden Name,* Ireland
7. *Mother's Birthplace,* Wm Codd
8. *Full Name of Father,* Laborer
9. *Father's Occupation,* Ireland
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. D. L. Shiewkin

Address, 387 W Lombard st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

467.33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH
APR 25 1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 81
4. *Place of Birth, (Street and Number)* #43 Garden st
5. *Full Name of Mother,* Mary Weilager
6. *Mother's Maiden Name,* Burke
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Henry Weilager
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mary Roth

Address, 328 S Eutaw st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* Apr 14 1881
4. *Place of Birth (Street and Number)* 330 N. Stricker st
5. *Full Name of Mother* Emma F Tipsett
6. *Mother's Maiden Name* " " Love
7. *Mother's Birthplace* Md
8. *Full Name of Father* Geo R. Tipsett
9. *Father's Occupation* coal merchant
10. *Father's Birthplace* N Y

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 W Biddle st

Remarks

46735

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~7th~~	7th
1. *Sex, (state whether male or female)*	~~Male~~	Male
2. *Race or Color, (if not of the white race)*	~~White~~	White
3. *Date of Birth,*	~~April~~ 4	April 4/81
4. *Place of Birth, (Street and Number)*	68 ~~Ridgely~~	68 Ridgely St
5. *Full Name of Mother,*	Margaret A. Sheckell	
6. *Mother's Maiden Name,*	Margaret A. Watkins	
7. *Mother's Birthplace,*	Baltimore Md	
8. *Full Name of Father,*	Merrick R. Sheckell	
9. *Father's Occupation,*	Coal Dealer	
10. *Father's Birthplace,*	Baltimore Md	
Name of Medical Attendant, or other Person who makes this Return	Katharine Munch	
Address,	8 Leadenhall St	
Remarks,		

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th of April
4. *Place of Birth, (Street and Number)* Decker St 140
5. *Full Name of Mother,* Margaret Bornmann
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christopher Bornmann
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St

Remarks,

JOHN B. BELT, PRINTER & STATIONER, BALT.

46737

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	April 4th 1881
4. *Place of Birth, (Street and Number)*	103 Cross. St.
5. *Full Name of Mother,*	Emma A. Mathews
6. *Mother's Maiden Name,*	" " Dixon
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Wm Mathews
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Va -
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address,	152 Sharpe St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) ~~April 5-th 1840~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 5-th

4. Place of Birth, (Street and Number) 242 N Bond St

5. Full Name of Mother, Mary Elizabeth Lucas

6. Mother's Maiden Name, Mary Elizabeth Pannell

7. Mother's Birthplace, Balto City

8. Full Name of Father, John Edward Lucas

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return E. Geo Walls

Address, 27 N Broadway

Remarks, child very healthy in appearance very large

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

46739

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* ~~No 1 hollins court~~ 5th
4. *Place of Birth (Street and Number)* No 1 hollins court
5. *Full Name of Mother* Cathrine diggs
6. *Mother's Maiden Name* Cathrine Steward
7. *Mother's Birthplace* Chambersburg pa
8. *Full Name of Father* Charles Diggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Chambersburg pa

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address Clinton av

Remarks

46740

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 April
4. *Place of Birth, (Street and Number)* 7 Plowmann
5. *Full Name of Mother,* Kathie Mading
6. *Mother's Maiden Name,* Daule
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Josef Mading
9. *Father's Occupation,* Police Officier
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Lora Casper

Address, 52 Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11674-1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 5, 1881.
4. *Place of Birth, (Street and Number)* N. Caroline St. N° 122.
5. *Full Name of Mother,* Virginia Spanner
6. *Mother's Maiden Name,* Virginia Schenkelberg
7. *Mother's Birthplace,* Friedrichsburg, W. V.
8. *Full Name of Father,* William Spanner
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. N° 126

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT
RECEIVED
BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

116742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April the 5, 1881.

4. *Place of Birth, (Street and Number)* S.W. cor. of Bond & Fayette Sts. no number

5. *Full Name of Mother,* Eleonora Werner

6. *Mother's Maiden Name,* Eleonora Weyward

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* William Werner

9. *Father's Occupation,* Sail maker

10. *Father's Birthplace,* Boston St. Mass. U.S.

Name of Medical Attendant or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26.

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

46743
(one)

HEALTH DEPARTMENT
APR 12 1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Luke (Mee) Meade

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) white

Date of Birth April 5, 1881.

Place of Birth (Street and Number) willow St

Full Name of Mother annie Mee (Meade)

Mother's Maiden Name annie ward

Mother's Birthplace irland

Full Name of Father Mike Mee (Meade)

Father's Occupation labor

Father's Birthplace irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary ward

Address No 4 webster ave

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh {17th}

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 5th 1881

4. Place of Birth (Street and Number) 89 Bank Street

5. Full Name of Mother Mary Frances Kenly

6. Mother's Maiden Name " " Murphy

7. Mother's Birthplace Balto Md

8. Full Name of Father Bejamin F Kenly

9. Father's Occupation Carpenter

10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. F E Fooks Md

Address 241 E Balto St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

46745

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 1881
4. *Place of Birth, (Street and Number)*	No 161 Bank Street
5. *Full Name of Mother,*	Agnes Harrison
6. *Mother's Maiden Name,*	Agnes Rankins
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles [redacted] O. Harrison
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Hannah Knowles
Address,	136 South Caroline St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

46746

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* April 5
4. *Place of Birth, (Street and Number)* Lanvale St 392
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Jackson
7. *Mother's Birthplace,* Dorchester County Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Catharine Jones

Address, Noris St No 3

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11-6747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 5th 1881
4. *Place of Birth (Street and Number)*	385 N Carrollton Ave
5. *Full Name of Mother*	Gertrude M. Zimmerman
6. *Mother's Maiden Name*	" " Goldsborough
7. *Mother's Birthplace*	Talbot Co Md
8. *Full Name of Father*	William S. Zimmerman
9. *Father's Occupation*	Life Insurance
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M D
Address	432 W. Fayette St,
Remarks	Balto

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1881
4. *Place of Birth, (Street and Number)* #186 Bethel Street
5. *Full Name of Mother* Josephine Zubaef
6. *Mother's Maiden Name* Josephine Haggerty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis B. Zubaef
9. *Father's Occupation* City Steel Cut
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Hillegeist

Address #82 E. Monument St.

Remarks

RETURN OF A BIRTH, 46749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 25 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th
4. *Place of Birth, (Street and Number)* Hartford Road
5. *Full Name of Mother* Caroline Faul
6. *Mother's Maiden Name* Caroline Ackermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Faul
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Hillegeist

Address #158 E. Monument Street

Remarks

46750

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 5th of April 1881
4. *Place of Birth, (Street and Number)* No 3 Chesnut Stn
5. *Full Name of Mother* Emmer Cooper
6. *Mother's Maiden Name* E dembry
7. *Mother's Birthplace* Quin ann County Easton Ther MD
8. *Full Name of Father* John L Cooper
9. *Father's Occupation* Ilvado
10. *Father's Birthplace* Quin ann County Easton Ther

Name of Medical Attendant, or other Person who makes this Return. Robt Willis MD

Address 70 Chesnut Stn

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 april
4. *Place of Birth, (Street and Number)* No 89 Ridgely St
5. *Full Name of Mother,* Mary ebbert
6. *Mother's Maiden Name,* Mary alt
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* conrad ebbert
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mines

Address, 8 Sunderfall St

Remarks,

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 5th 1881.
4. *Place of Birth (Street and Number)* 79½ N. Poppleton St.
5. *Full Name of Mother* Mary Amanda Hahn
6. *Mother's Maiden Name* Mary Amand Michael
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Elias Hahn
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Frederick Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. D. J. Reinhart, M. D.

Address 166 W. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1891 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5/91
4. *Place of Birth, (Street and Number)* #49 Eastern Ave
5. *Full Name of Mother,* Mary Ackermann
6. *Mother's Maiden Name,* " " Koch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Ackermann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krapf

Address, #236 Caution Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

467574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third chi

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 5 1881
4. *Place of Birth, (Street and Number)* Eutaw House
5. *Full Name of Mother* Annie Ward
6. *Mother's Maiden Name* Anne Sims
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Chs S Ward
9. *Father's Occupation* Hotel Keepr
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson

Address 23 Franklin st

Remarks

RETURN OF A BIRTH,

116755

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 6th 1881 3 A.M. ~~William St Balto City~~
4. *Place of Birth, (Street and Number)* 371 William St—
5. *Full Name of Mother* Ida Dare Meyer
6. *Mother's Maiden Name* Ida Dare Steiner
7. *Mother's Birthplace* Baltimore City—
8. *Full Name of Father* George Nelson Meyer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City—

Name of Medical Attendant, or other Person who makes this Return. H. Leonidas Shepherd, M.D.

Address 573 Light Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (~~*state whether 1st,*~~ 2d, ~~*3d, &c.*~~) 6th

1. *Sex* (~~*state whether male or*~~ *female*) Male

2. *Race or Color* (~~*if not of the*~~ *white race*) White

3. *Date of Birth* April 6th 1894

4. *Place of Birth* (*Street and Number*) 57 E. Fort Ave.

5. *Full Name of Mother* Emma F. Shields

6. *Mother's Maiden Name* Emma F. Loane

7. *Mother's Birthplace* Balt City

8. *Full Name of Father* Richard B. Shields

9. *Father's Occupation* Undertaker

10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. John T. H. Kroger M.D.

Address " "

Remarks City

46757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* April 6th 1881.
4. *Place of Birth (Street and Number)* 252 W Lexington St
5. *Full Name of Mother* Bettie Slesinger
6. *Mother's Maiden Name* Bettie Mandelbaum
7. *Mother's Birthplace* Winchester, Va.
8. *Full Name of Father* Louis Slesinger.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. John J. C. Kroger M.D.

Address " " " City.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

46758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 1st 1881

HEALTH DEPARTMENT APR 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1881
4. *Place of Birth, (Street and Number)* 282 Canton Ave.
5. *Full Name of Mother,* Annie Schneider
6. *Mother's Maiden Name,* Annie Noelfel.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Schneider
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 131 South Wolfe St.

Remarks, H.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

46759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of April
4. *Place of Birth, (Street and Number)* 49 Collington A
5. *Full Name of Mother,* Elizebeth Marvel
6. *Mother's Maiden Name,* Garrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abbot Marvel
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Sepot state Delaware

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR. 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 April
4. *Place of Birth, (Street and Number)* 40 S Ann
5. *Full Name of Mother,* Babie Heiser
6. *Mother's Maiden Name,* Arnel
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Will Heiser
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dana Casper

Address, 52 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 16 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th. A. 1891.
4. *Place of Birth, (Street and Number)* Eastern Av. No. 358.
5. *Full Name of Mother,* Lina G. Luers
6. *Mother's Maiden Name,* Lina G. Meide
7. *Mother's Birthplace,* Blankenburg Gr. Oldenburg. Germany
8. *Full Name of Father,* Johann H. Luers.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Altenesch. Gr. Oldenburg. Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April the 6. 1891.

4. *Place of Birth, (Street and Number)* Bank St. No 64,

5. *Full Name of Mother,* Anna Bredehouse

6. *Mother's Maiden Name,* Anna Nolte

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Richard G. Bredehouse

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

"Every person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

116763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1891
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	13. Hilman st
5. Full Name of Mother	Mary Agnes Mccu
6. Mother's Maiden Name	Mary Agnes Quigley
7. Mother's Birthplace	England
8. Full Name of Father	Jas Ed Mccu
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Wooden
Address	330 Aisquith street.
Remarks	

RETURN OF A BIRTH.

11764

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 6th 1891

4. *Place of Birth* (Street and Number) No 114 N. Eutaw

5. *Full Name of Mother* Catherine Cusick

6. *Mother's Maiden Name* Catherine Mahone

7. *Mother's Birthplace* Massachussetts

8. *Full Name of Father* Thomas Cusick

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman M.D.

Address 175 N. Carey St

Remarks

RETURN OF A BIRTH

4765

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1881
4. *Place of Birth, (Street and Number)*	Jenkins Lane near Walpets Factory
5. *Full Name of Mother,*	Kate Wagner
6. *Mother's Maiden Name,*	Kate Lantz
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	John Wagner
9. *Father's Occupation,*	Foreman in Walpets Factory.
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mrs No. 4. Bidd
Address,	No 185. L.E. cor Central av & Monument St.
Remarks,	Well Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 6th 1881
4. *Place of Birth, (Street and Number)*	No 551 Harford Ave
5. *Full Name of Mother,*	Emily J. Gruner
6. *Mother's Maiden Name,*	Brandel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John T. Gruner
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Wednesday April 6th 1881

4. *Place of Birth, (Street and Number)* Point Land near Aisquith St.

5. *Full Name of Mother,* Mary St Leger.

6. *Mother's Maiden Name,* Mary Gitlin

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Bartlett St Leger

9. *Father's Occupation,* Mule stoker

10. *Father's Birthplace,* Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 25½ Greenmount Ave

Remarks, "Early Presentation"

RETURN OF A BIRTH

14768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of April 1881
4. *Place of Birth, (Street and Number)* 162 Baltimore
5. *Full Name of Mother,* Rosa Gablain
6. *Mother's Maiden Name,* Rosa Atimire
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Gablain
9. *Father's Occupation,* Sigar Macher
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uhlig

Address, 48 Holland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 6th of April
4. *Place of Birth,* (*Street and Number*) Tissue St. 6.
5. *Full Name of Mother,* Kate Fegely
6. *Mother's Maiden Name,* " Schultzage
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Jacob Beaver
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Fegely

Address, 369 Cathedral St

Remarks,

46770

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DE ARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 6 1881
4. *Place of Birth, (Street and Number)* E Lombard str No 250
5. *Full Name of Mother,* Margarethe Grossmann
6. *Mother's Maiden Name,* Amlin
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Friedrich Grossmann
9. *Father's Occupation,* Solches
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks, Undwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 46771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 6th 1881
4. *Place of Birth, (Street and Number)* 61 Pendleton St
5. *Full Name of Mother* Catherine Byrne
6. *Mother's Maiden Name* Catherine McElroy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Richard Byrne
9. *Father's Occupation* Carpet Setter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie McDonald

Address 316 Penna Ave

Remarks

46772

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 6th 1881
4. *Place of Birth, (Street and Number)* 18 Otting St
5. *Full Name of Mother* Katie McElroy
6. *Mother's Maiden Name* Katie McGasey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Hugh McElroy
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messerschl

Address " 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 6th 1881
4. *Place of Birth, (Street and Number)* 168 Preston St
5. *Full Name of Mother* Mary Gaul
6. *Mother's Maiden Name* Mary Wert
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Gaul
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C McKenzie

Address 345 Penna ave

Remarks

RETURN OF A BIRTH.

46774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6 1887
4. *Place of Birth (Street and Number)* 296 Hanover St
5. *Full Name of Mother* Lallie Griffith
6. *Mother's Maiden Name* Lallie Crowe
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Crowe Griffith
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. E. E. Wiley M.D.

Address 157 Hanover Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 61 Cambridge St

4. *Place of Birth, (Street and Number)* 102 Aisquith

5. *Full Name of Mother,* Mary M Brown

6. *Mother's Maiden Name,* M Windsor

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Brown

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Riley

Address. No 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 April
4. *Place of Birth, (Street and Number)* 36 Millman St
5. *Full Name of Mother,* Josefine Wiskocil
6. *Mother's Maiden Name,* " " Januska
7. *Mother's Birthplace,* Velesic Bohemia
8. *Full Name of Father,* Julius Wiskocil
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Nadejkov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

46777

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1881
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	2
State whether Male or Female)	male
or Color (if not of the white race)	white
of Birth	april 7 1881
of Birth (Street and Number)	152 East monument St
Name of Mother	hanna looney
's Maiden Name	hanna harry
's Birthplace	irland
Name of Father	thomas looney
's Occupation	laborman
's Birthplace	irland
of Medical Attendant, or other Person who makes this Return.	Mrs Mary ward
ess	16 4 webster roc
rks	

46778

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 7th 1881.
4. *Place of Birth, (Street and Number)* N. W. cor Greenmount & Monument st
5. *Full Name of Mother* Susanna Osterstock
6. *Mother's Maiden Name* Susanna Meyer.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Robert B. Osterstock.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegirot

Address 182 E Monument st.

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 25 1881

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 81
4. *Place of Birth, (Street and Number)*	~~333 Hanover st~~ 398 Charles St
5. *Full Name of Mother,*	Anna Popp
6. *Mother's Maiden Name,*	" Kavanagh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Popp
9. *Father's Occupation,*	Constable
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Wroh
Address,	328 S. Eutaw St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46780

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th April
4. *Place of Birth, (Street and Number)*	63 Odonnell
5. *Full Name of Mother,*	Elizabeth Wille
6. *Mother's Maiden Name,*	Elizabeth Hildabrant
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Wille
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley St Canton
Remarks,	

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2d Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	April 7th 81
4. *Place of Birth,* (*Street and Number*)	159 S. Charles St.
5. *Full Name of Mother,*	Kate Goodman
6. *Mother's Maiden Name,*	" Rosenburg
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Emanuel Goodman
9. *Father's Occupation,*	Carrier
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. J. K. Tall. M.D.
Address,	152 Third St.
Remarks,	

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16782

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1881
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 7th 1881
4. *Place of Birth (Street and Number)* No 286 Aisquith
5. *Full Name of Mother* Lilly Abelman
6. *Mother's Maiden Name* " Reichardson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* I. E. Abelman
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. L. Russell M.D.

Address Broadway & Madison st.

Remarks

46783

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7/81
4. *Place of Birth, (Street and Number)* 142 E Lombard St
5. *Full Name of Mother,* Mary Kirby
6. *Mother's Maiden Name,* Limpert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Kirby
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th
4. *Place of Birth, (Street and Number)* #180 S Eutaw Str
5. *Full Name of Mother,* Annie Meiers
6. *Mother's Maiden Name,* " " Scheibenreif
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Meiers
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 146 Eutaw St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46785

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1881
4. *Place of Birth, (Street and Number)* No. 74 S. Castle St.
5. *Full Name of Mother,* Maggie O'Rourk
6. *Mother's Maiden Name,* Grady
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Daniel O'Rourk
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. Gately

Address, 244 Bank St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16786

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child Living

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 8th 1881
4. *Place of Birth (Street and Number)* Burke 1st door N. of Eastern Ave.
5. *Full Name of Mother* Harriet Myers
6. *Mother's Maiden Name* Harriet Elder
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Henry Myers
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rachel A. Leggett

Address No. 65 Burke Street

Remarks

RETURN OF A BIRTH

46787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of April
4. *Place of Birth, (Street and Number)* 391 East Orleans street
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Annie Weisman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Weisman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 771 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3 Child

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, 28 of April

4. *Place of Birth*, (*Street and Number*) 44 Patterson Park

5. *Full Name of Mother*, Katie Link

6. *Mother's Maiden Name*, " Iserlock

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, John Link

9. *Father's Occupation*, Tinner Tailor

10. *Father's Birthplace*, Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mrs Riley

Address, No 12 Patterson Park Av

Remarks,

HEALTH DEPARTMENT APR 1901 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46789

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of April 1881
4. *Place of Birth, (Street and Number)* 303 Madison
5. *Full Name of Mother,* L. Shuester
6. *Mother's Maiden Name,* L. Hanger
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Otto Shuester
9. *Father's Occupation,* Laung Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Man Walk

Address, 125 W Camden

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 46790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* april 8 1881
4. *Place of Birth, (Street and Number)* 110 South bond street
5. *Full Name of Mother* isabella S Steer
6. *Mother's Maiden Name* isabella S clark
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* William Steer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* england

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address collington avenue

Remarks

RETURN OF A BIRTH

46791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Fee
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 8th 1881
4. *Place of Birth, (Street and Number)* 66 ~~Penn~~ Dover St
5. *Full Name of Mother,* Sarah Ford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Va
8. *Full Name of Father,*
9. *Father's Occupation,* Basket Maker
10. *Father's Birthplace,* Black Chester County Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 11 Burgundy Alley

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female One Child

1. *Sex, (state whether male or female)* Colard Race Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* April 6 1881
4. *Place of Birth, (Street and Number)* No 1 Duncan Alley
5. *Full Name of Mother,* Annie Cooper
6. *Mother's Maiden Name,* Annie Knight
7. *Mother's Birthplace,* Long blade Sugnarter County Va
8. *Full Name of Father,* John E Cooper
9. *Father's Occupation,* Caster
10. *Father's Birthplace,* Talbert County

Name of Medical Attendant, or other Person who makes this Return. Lavinder Woolford

Address, 190 N Register St

Remarks, N Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN P. DIEZ, PRINTER & STATIONER, BALT.

46793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10th
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	~~8th April 1881~~
3. *Date of Birth*	8th April 1881
4. *Place of Birth (Street and Number)*	157 Mulberry st.
5. *Full Name of Mother*	Mathilda Ebeler
6. *Mother's Maiden Name*	Mathilda Boehne
7. *Mother's Birthplace*	Minden (Germany)
8. *Full Name of Father*	Ernst Ebeler
9. *Father's Occupation*	Taylor
10. *Father's Birthplace*	Hanover (Germany)
Name of Medical Attendant, or other Person who makes this Return.	D. H. Heldmann M. D.
Address	120 Pearl st Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11679 4

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
16
1881
BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

(state whether male or female) Male

or Color, (if not of the white race) White

of Birth April 8th 1881

e of Birth, (Street and Number) Baltimore Barry st. No. 118

Name of Mother Fannie Meech

er's Maiden Name " Ponts

er's Birthplace Baltimore

Name of Father John Meech

r's Occupation Laborer

r's Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

ess No. 58 Parkin st

rks

46795

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 8th 1881
4. *Place of Birth, (Street and Number)* #1 Ensor Court
5. *Full Name of Mother* Mary Hogan
6. *Mother's Maiden Name* Mary Mulligan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Hogan
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegrist ~~Street~~

Address #182 E. Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46796

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 of April 1881
4. *Place of Birth, (Street and Number)* 115 Asquith St
5. *Full Name of Mother,* Maggie Schitzberger
6. *Mother's Maiden Name,* — Spanberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Schitzberger
9. *Father's Occupation,* Sugar backer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address, 48 Holland St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46777

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8/91
4. *Place of Birth, (Street and Number)* #182 S. Caroline St.
5. *Full Name of Mother,* Annie Mails
6. *Mother's Maiden Name,* " " " " Riedel
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* James Mails
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Knapp

Address, #286 Eastern Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46798

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 8. 1881.
4. *Place of Birth, (Street and Number)* 144 Columbia Ave
5. *Full Name of Mother* Elizabeth D Befell
6. *Mother's Maiden Name* " " Boswell
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm H. Befell
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Mrs Margt A Richmond

Name of Medical Attendant, or other Person who makes this Return. 185 Lee S.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46799

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th of April 1881
4. *Place of Birth, (Street and Number)* 369 East Orlean, street.
5. *Full Name of Mother,* Mary Schneider.
6. *Mother's Maiden Name,* Mary Demling
7. *Mother's Birthplace,* Lettensvill Md.
8. *Full Name of Father,* John, George Demling.
9. *Father's Occupation,* Cotch maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Warry Sick.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th. 81.
4. Place of Birth (Street and Number)	42. Amity St
5. Full Name of Mother	Catherine Craig
6. Mother's Maiden Name	Catherine Nolan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard Craig
9. Father's Occupation	Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A. H. Saxton Md.
Address	543. Lexington
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16801

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 9th
4. *Place of Birth (Street and Number)*	No. 57 St. Green St
5. *Full Name of Mother*	Lillie Streich
6. *Mother's Maiden Name*	Lillie Hinman
7. *Mother's Birthplace*	Baltimore "
8. *Full Name of Father*	J. Henry Streich
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H Dorsey
Address	No. 2 Cathedral St
Remarks	

HEALTH DEPARTMENT APR 1871 BALTIMORE

RETURN OF A BIRTH, 46802

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT
DEC 12 1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9
4. *Place of Birth, (Street and Number)* 147 Johnson st
5. *Full Name of Mother* Mary E Francesport
6. *Mother's Maiden Name* Mary Fallon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Fallon
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

46803

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 9th 1881
4. *Place of Birth, (Street and Number)*	No 99 Albemarle Street
5. *Full Name of Mother,*	Josephene Long
6. *Mother's Maiden Name,*	Josephene Henderson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles Long
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	No 95 Albemarle Street. (City)
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

168014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 9th 1881
4. *Place of Birth, (Street and Number)*	No 161 S Eden St:
5. *Full Name of Mother,*	Sarah Humphry
6. *Mother's Maiden Name,*	Sarah Flaherty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Humphry
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address,	No 95 Albemarle St.
Remarks,	City

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 9th 1881
4. *Place of Birth, (Street and Number)*	80 S. Eaton St
5. *Full Name of Mother,*	Margaret A. Adams
6. *Mother's Maiden Name,*	Margaret A. Hunter
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo. F. Adams
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 9 1891

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 9 1891
4. *Place of Birth (Street and Number)*	1061 North Chapel St
5. *Full Name of Mother*	Lucenia Crawford
6. *Mother's Maiden Name*	Lucenia Crawford
7. *Mother's Birthplace*	Dorchester Co Md
8. *Full Name of Father*	Levi C Crawford
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Montgomery County Md
Name of Medical Attendant, or other Person who makes this Return.	Med Connelly
Address	
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th April
4. *Place of Birth, (Street and Number)* 425 Eastern Av.
5. *Full Name of Mother,* Katie Hart
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hart
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lizzie Hale

Address. No. 12 Patterson Park Av.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 81
4. Place of Birth (Street and Number)	585 Hanover St
5. Full Name of Mother	Agnes
6. Mother's Maiden Name	Winters
7. Mother's Birthplace	Pa.
8. Full Name of Father	Jas. H. Fowler
9 Father's Occupation	Car. Driver
10. Father's Birthplace	Pa.
Name of Medical Attendant, or other Person who makes this Return.	J H Smith
Address	108 S. Charles
Remarks	7 mos. pregnancy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

116809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1881 BAL ORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4th 1881
4. *Place of Birth, (Street and Number)*	= & Little Tough St
5. *Full Name of Mother,*	Caroline Silverwood
6. *Mother's Maiden Name,*	Caroline Utermehle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John William Silverwood
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo H Watson
Address,	= 18 Fairmount St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46810

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT APR 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 des Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 9, 1881
4. *Place of Birth, (Street and Number)* S. Bond St. No 289.
5. *Full Name of Mother,* Karoline Garling
6. *Mother's Maiden Name,* Karoline Heidlach
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Friedrich Garling
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Diebolt. K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26,

Remarks, dead born

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9th 1881
4. *Place of Birth, (Street and Number)* Baltimore Baltimore Co. No 6
5. *Full Name of Mother* Maggie Cuhley
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Cuhley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Mitchell

Address No 958 Parkin St.

Remarks

46812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Birth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9, 1881
4. Place of Birth (Street and Number)	No 64 Eastern st.
5. Full Name of Mother	Ellen Garety
6. Mother's Maiden Name	Ellen Crawford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Whitty
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry [illegible]
Address	[illegible]
Remarks	Good health

RETURN OF A BIRTH

1-6813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT (FEB 6 1901) BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 9th
4. *Place of Birth, (Street and Number)*	Orleans St. 205
5. *Full Name of Mother,*	Catherine Indiana Godwin
6. *Mother's Maiden Name,*	Stone
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George Millington Godwin
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Attwell
Address,	286 McDonough St
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

146814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 9th
4. *Place of Birth, (Street and Number)*	N. Bond 139
5. *Full Name of Mother,*	Annie Sophia White
6. *Mother's Maiden Name,*	Warren
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Edward White
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Abell
Address,	284 N Bond st
Remarks,	

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

16815

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex (state whether Male or Female)*	female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	9 of April
4. *Place of Birth (Street and Number)*	No. 100. Hudson st
5. *Full Name of Mother*	Rosa Newkirk.
6. *Mother's Maiden Name*	Rosa Callenberger
7. *Mother's Birthplace*	Baltimore MD
8. *Full Name of Father*	Henry. Newkirk.
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Baltimore. MD
Name of Medical Attendant, or other Person who makes this return	Mary E. Swayne
Address	No 51. Cayuga. St
Remarks	Daily. visit.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

11681 6

HEALTH DEPARTMENT 16 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9th 1881
4. *Place of Birth, (Street and Number)* Baltimore Ramsey st. No 130
5. *Full Name of Mother* Susan Taylor
6. *Mother's Maiden Name* Bedford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Taylor
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dr Mitchell

Address No 58 Parkin st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14617

HEALTH DEPARTMENT BALTIMORE APR 19 1881

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	9 April 1881 white
3. Date of Birth	
4. Place of Birth (Street and Number)	S. Paca St 4
5. Full Name of Mother	Lizzie Preiss
6. Mother's Maiden Name	Lizzie Gessler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Georg Preiss
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr F Reinhard
Address	224 West Fayette Street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

116818

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* april the 9th
4. *Place of Birth, (Street and Number)* 130 york st
5. *Full Name of Mother,* harriet ann parmer
6. *Mother's Maiden Name,* harriet ann smith
7. *Mother's Birthplace,* accomack va
8. *Full Name of Father,* james parmer
9. *Father's Occupation,* labour
10. *Father's Birthplace,* accomack county va

Name of Medical Attendant, or other Person who makes this Return. doctor Booze and

Address, mrs Lydia parker no 4

Remarks, patapsco avenue healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 22 1881 HEALTH DEPARTMENT BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 9th April
4. *Place of Birth, (Street and Number)* 266 Cross st
5. *Full Name of Mother,* Julie Johnson
6. *Mother's Maiden Name,* " Carter
7. *Mother's Birthplace,* Harfert County
8. *Full Name of Father,* Edward Johnson
9. *Father's Occupation,* China Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address, 194 Warner St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46820

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 9 1881
4. *Place of Birth, (Street and Number)* N. Bonnstr No 73
5. *Full Name of Mother,* Mary Stumpf
6. *Mother's Maiden Name,* Winkler
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Sebastian Stumpf
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs Johanna Raubach

Address, S Wolfstr No 14

Remarks, Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46821

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9/81
4. *Place of Birth, (Street and Number)* #58 Bank Str
5. *Full Name of Mother,* Katie Grau
6. *Mother's Maiden Name,* Siebright
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Grau
9. *Father's Occupation,* Upolsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

16822

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 7th 1881
4. *Place of Birth* (Street and Number) 392 Lexington st
5. *Full Name of Mother* Mary Virginia Boughman
6. *Mother's Maiden Name* " " Zeigler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Louis Parish Boughman
9. *Father's Occupation* Harness maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. Gibbons M.D.

Address 47 Edmondson ave

Remarks

RETURN OF A BIRTH

468223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of April 1881
4. *Place of Birth, (Street and Number)* 60 North Chapel street.
5. *Full Name of Mother,* Molly Sole
6. *Mother's Maiden Name,* Molly Sacks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Sacks
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel strut per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth April 10th 1881
4. Place of Birth (Street and Number) No 7 Castle Street
5. Full Name of Mother Elizebeth White
6. Mother's Maiden Name Elizebeth White
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Dembey
9. Father's Occupation School Teacher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis Anderson

Address No 8 N Castle St

Remarks

RETURN OF A BIRTH

-116525-

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 April

4. Place of Birth, (Street and Number) 41 Albemarle

5. Full Name of Mother, Dora Bainis

6. Mother's Maiden Name, Brainard

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Hans Heinitz

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Bainis

Address, 50 E Brainard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11.6826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 1881
4. *Place of Birth, (Street and Number)* Maternite Hospital 161 W Lombard
5. *Full Name of Mother,* Theresa Lowlands
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Jersey City
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Bitting M.D

Address, Maternite Hospital 161 W Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 10th 1881
4. *Place of Birth, (Street and Number)*	35 Mulberry St.
5. *Full Name of Mother*	Elizth C. Barrick
6. *Mother's Maiden Name*	Northam
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Wm E. Barrick
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hannan & Barrick
Remarks	

RETURN OF A BIRTH.

46828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
state whether Male or Female)	Female
or Color (if not of the white race)	White
of Birth	April 10th 1881
of Birth (Street and Number)	Lanvale, No 467.
Name of Mother	Maggie Kroh
r's Maiden Name	Maggie Waggner
r's Birthplace	Balt City
Name of Father	Sylvester Kroh
r's Occupation	Merchant
r's Birthplace	Balt city
of Medical Attendant, or other Person who makes this Return.	Geo C Ogle M D,
ess	229 N Carey st,
arks	

RETURN OF A BIRTH.

46829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored Race
3. *Date of Birth*	April 10th 1881
4. *Place of Birth* (Street and Number)	116 S. Caroline st
5. *Full Name of Mother*	Georgianna Conoway
6. *Mother's Maiden Name*	" Jones
7. *Mother's Birthplace*	Cambridge
8. *Full Name of Father*	William E. Conoway
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Seaton
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46830

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 10
4. *Place of Birth, (Street and Number)* 151 Cross St
5. *Full Name of Mother* — Aroney Canon
6. *Mother's Maiden Name* " " Canon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Columbus Canon
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Sakeswill Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1881 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ~~10 Apl 1881~~
3. *Date of Birth,* Apl 16 1881
4. *Place of Birth, (Street and Number)* Baltimore City 112 Ridgely St
5. *Full Name of Mother,* Annie Dunleavy
6. *Mother's Maiden Name,* Annie Warburton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank Dunleavy
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Shaffer

Address, 114 Ridgely St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46832

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th
4. *Place of Birth, (Street and Number)* No. 104 Pine St. Cor. Mulberry
5. *Full Name of Mother,* Philippine Heinbockel
6. *Mother's Maiden Name,* P " " Koch
7. *Mother's Birthplace,* Garmeny
8. *Full Name of Father,* John S. Heinbockel
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Otterndorf. Hannover

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sommerfield

Address, No. 38. Penna. ave.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46833

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 10th 1881
4. *Place of Birth, (Street and Number)* Baltimore Columbia 4154
5. *Full Name of Mother* Mary. Geoble
6. *Mother's Maiden Name* " Bart
7. *Mother's Birthplace* Virginnia
8. *Full Name of Father* George. Geoble
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkinst

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 12-16-58 1468314

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

Carrie Ella Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 10th 1881
4. Place of Birth (Street and Number)	#26 Jessica St
5. Full Name of Mother	Susan Johnson
6. Mother's Maiden Name	Susan Bailey
7. Mother's Birthplace	Eastern Shore Va
8. Full Name of Father	Charles Johnson
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	#150 S. Ontario St
Remarks	

RETURN OF A BIRTH.

116835

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	18 April 1881
4. *Place of Birth (Street and Number)*	Pearl St 26
5. *Full Name of Mother*	Annie R. Ward
6. *Mother's Maiden Name*	Annie R. Fraunor
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	~~John~~ R. James H. Ward
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. F. Reinhard
Address	224 W. Fayett Street
Remarks	

7

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

116836

HEALTH DEPARTMENT
APR
20
1881
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	10 April 1881
4. *Place of Birth (Street and Number)*	26 Pearl Street
5. *Full Name of Mother*	Annie R. Ward
6. *Mother's Maiden Name*	Annie R. Trainor
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	James H. Ward
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. Reinhard
Address	224 W Fayette Street
Remarks	

RETURN OF A BIRTH.

4-6837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 10
4. *Place of Birth (Street and Number)* Hughes St 252
5. *Full Name of Mother* Isa Rhodes
6. *Mother's Maiden Name* Isa Cater
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Alfred Rhodes
9. *Father's Occupation* labor
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this return Dock Mitton

Address 252 Hughes St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

11683 8

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 10th 1881
4. *Place of Birth, (Street and Number)* 121 North Street
5. *Full Name of Mother* Ellen Keenan
6. *Mother's Maiden Name* Ellen Ryan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Keenan
9. *Father's Occupation* Day worker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 E Monument St.

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16839

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 10th 1881
4. *Place of Birth* (Street and Number)	195 German st
5. *Full Name of Mother*	Villanna Rayfield
6. *Mother's Maiden Name*	" Fisher
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	William S. Rayfield
9 *Father's Occupation*	Laborer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	E Goverlock M.D.
Address	289 W Fayette st
Remarks	

RETURN OF A BIRTH

16840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 10th 1881
4. *Place of Birth, (Street and Number)* 117 Bank st
5. *Full Name of Mother,* Caroline Hahn
6. *Mother's Maiden Name,* " Buckerus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hahn
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 10th 1881

4. *Place of Birth, (Street and Number)* 301 Penna Ave.

5. *Full Name of Mother,* Maggie Rosendale

6. *Mother's Maiden Name,* Maggie Bibelhizer

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* George Rosendale

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Keller M.D.

Address, 89 N. Greene St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

116849

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	April 10. 1881
4. *Place of Birth (Street and Number)*	206 Druid Hill Av.
5. *Full Name of Mother*	Sarah Jane Chipman.
6. *Mother's Maiden Name*	Sarah Jane Trentling.
7. *Mother's Birthplace*	Penna
8. *Full Name of Father*	Marcus Chipman.
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	Massachusetts.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Houck
Address	95 E. Balto St.
Remarks	

RETURN OF A BIRTH.

146443

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 10. 1881
4. *Place of Birth (Street and Number)* 60 S. Bond St.
5. *Full Name of Mother* Fannie Hermann,
6. *Mother's Maiden Name* Fannie Katz.
7. *Mother's Birthplace* Maryland,
8. *Full Name of Father* Isaac Hermann.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. W. Houck M.D.

Address 95 E. Balto. St.

Remarks

RETURN OF A BIRTH

11684 14

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 7 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10th 1881
4. *Place of Birth, (Street and Number)*	Baltimore Md Park St 62
5. *Full Name of Mother,*	Mrs Lina Polizer
6. *Mother's Maiden Name,*	Lina Lindenborn
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Benjamin Polizer
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Timmler
Address,	No 60 Schroeder St
Remarks,	

Each physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

46846

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 1881
4. *Place of Birth, (Street and Number)* No. 444 Canton Ave.
5. *Full Name of Mother,* Jane Snyder
6. *Mother's Maiden Name,* Francis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Fred. Snyder
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Dr Gatley

Address, 244 Bank St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

116846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 19th 1881
4. *Place of Birth, (Street and Number)* 265 Lee St.
5. *Full Name of Mother* Mary E. Woodall
6. *Mother's Maiden Name* " " Rathel
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Woodall
9. *Father's Occupation* Ship Builder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. Richmond

Address 265 Lee St.

Remarks

RETURN OF A BIRTH

116514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1881 BAL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 11, 1881
4. *Place of Birth, (Street and Number)* E. Fayette St. No 337
5. *Full Name of Mother,* Margaretha Flöer
6. *Mother's Maiden Name,* Margaretha Neumann
7. *Mother's Birthplace,* Pittsburg, Pa.
8. *Full Name of Father,* John Flöer
9. *Father's Occupation,* Pastor
10. *Father's Birthplace,* Pittsburg, Pa.

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N Dallas St, No 26,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 116848

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 6
1821
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 6th
4. *Place of Birth, (Street and Number)* 248 Carlton Ave
5. *Full Name of Mother* Mary Weiser
6. *Mother's Maiden Name* Wecker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adolph Heiser
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other Person who makes this Return. Mrs Geltzke

Address No 555 Bond st

Remarks

46849

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Childe

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* 11 of April the yare of 1881.
4. *Place of Birth, (Street and Number)* 57 morgunder alley
5. *Full Name of Mother,* julia cornish
6. *Mother's Maiden Name,* julia Branic
7. *Mother's Birthplace,* dorchest contry
8. *Full Name of Father,* seaman cornish
9. *Father's Occupation,* Hard cary
10. *Father's Birthplace,* dorchest contry

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181. Park Street & yare 1881

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. Births 6

1. *Sex (state whether male or female)* Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th of April 1881
4. *Place of Birth (Street and Number)* Charles st No 116 Baltimore city
5. *Full Name of Mother* Marthy Jaine Messick
6. *Mother's Maiden Name* Marthy J. ~~Mrs~~ Basset
7. *Mother's Birthplace* Dorchester Co Maryland
8. *Full Name of Father* Charles Edward Messick
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Conaway Mid

Address Helthy condition

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

C E Messick

RETURN OF A BIRTH

16851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 11 1881
4. *Place of Birth, (Street and Number)* No 262 Eastern Ave
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* " " Mahler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Davis
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 128 Bank St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46852

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OF ARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 11th 1881
4. *Place of Birth, (Street and Number)* No 262 Eastern Ave
5. *Full Name of Mother,* Lina Miller
6. *Mother's Maiden Name,* " Westerman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* 3 females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 11 1881
4. *Place of Birth (Street and Number)* gilmore st No 55
5. *Full Name of Mother* Mary Eliza Streets
6. *Mother's Maiden Name* Mary Eliza Bettege
7. *Mother's Birthplace* Harford Co
8. *Full Name of Father* John Henry Streets
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address 792 Pratt st

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14685 14

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1881
4. *Place of Birth, (Street and Number)* Cross St. 177
5. *Full Name of Mother,* Julia H. Weyrich
6. *Mother's Maiden Name,* Julia H. Franzke
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Henry J. Weyrich
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other Person who makes this Return — Self

Address, Self

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46855

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 11

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 11. 1881
4. *Place of Birth, (Street and Number)* S. Fivestel str No 5.
5. *Full Name of Mother,* Margarethe Rothmann
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Bayern
8. *Full Name of Father,* Johann Rothmann
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46856

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1881
4. *Place of Birth, (Street and Number)* 72 S Canollton Ave
5. *Full Name of Mother,* Hannah Kinsella
6. *Mother's Maiden Name,* " Moffett
7. *Mother's Birthplace,* Pittsburg Pennsylvania
8. *Full Name of Father,* Jas Kinsella
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. Keighler M.D.

Address, W. Cor Fayette & Calhoun Sts

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 11/81
4. *Place of Birth, (Street and Number)*	#56 S. Bethel St
5. *Full Name of Mother,*	Lina Kraus
6. *Mother's Maiden Name,*	" " Goebel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emil Kraus
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft
Address,	#236 Canton Ave
Remarks,	

MAY 5 1881

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

116858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 81
4. *Place of Birth (Street and Number)* No 408 W Pratt St
5. *Full Name of Mother* Fredricker Meeter
6. *Mother's Maiden Name* Fredricker Mintz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michel Meeter
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J G Wamble Mr 8

Address 205 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 12th. April

4. *Place of Birth, (Street and Number)* 140 S. Central ave

5. *Full Name of Mother,* Ellen Birmingham

6. *Mother's Maiden Name,* Leary

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* William Birmingham

9. *Father's Occupation,* Car driver

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 92 E. Lombard Street

Remarks, Born alive died 5 minutes after.

Peter Frey Water Tapper No 91 Eden ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

16860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 13th 1881

HEALTH DEPARTMENT APR 14 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 12th 1881.
4. *Place of Birth, (Street and Number)* 233 Alice Ann St.
5. *Full Name of Mother,* Minnie Cook.
6. *Mother's Maiden Name,* Minnie Mayer.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* George Cook.
9. *Father's Occupation,* Hockster
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

14861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th 1881
4. *Place of Birth, (Street and Number)*	No 38 S Exeter St.
5. *Full Name of Mother,*	Belle Fay.
6. *Mother's Maiden Name,*	Belle Bazzard
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Joseph Fay.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	No 95 Allemande St.
Remarks,	(City.)

JOHN B. PIET, PRINTER & STATIONER, BALT.

46862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) my first Child

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Colord
3. Date of Birth April 12th
4. Place of Birth (Street and Number) No 25 Stockholm Street
5. Full Name of Mother Lucy Cornish
6. Mother's Maiden Name Lucy Chester
7. Mother's Birthplace Dorchester County eastton Shore Md
8. Full Name of Father Moses Cornish
9. Father's Occupation oystering and Brick making
10. Father's Birthplace Dorchester County eastton Shore md

Name of Medical Attendant, or other Person who makes this Return. Cuviney Mills

Address Cuviney mills 22 Stackholm Street

Remarks all is well and doing well

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th of April 1881.
4. *Place of Birth, (Street and Number)* 219 East Jawson street.
5. *Full Name of Mother,* Esabella Hall.
6. *Mother's Maiden Name,* Esabella Heal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William B. Heal
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

46864

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 12 of April
4. *Place of Birth, (Street and Number)* No 160 Steel St
5. *Full Name of Mother* Kathe Zeller
6. *Mother's Maiden Name* Kathe Longheat
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Martin Longheat
9. *Father's Occupation* Falzer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina Lauer

Remarks 173 Harbor ave

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46865

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1. First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth* Apr. 12th 1881
4. *Place of Birth, (Street and Number)* #373 West St
5. *Full Name of Mother* Mary Ann Hughes
6. *Mother's Maiden Name* Mary A. Ford
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* William James Hughes
9. *Father's Occupation* White washing
10. *Father's Birthplace* Cambrige Md.

Name of Medical Attendant, or other Person who makes this Return. ~~Mrs. Domain~~ R Domain

Address Montgomry St. 258

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 12th 1881
4. *Place of Birth, (Street and Number)*	304 Mulberry St.
5. *Full Name of Mother,*	Martha Stephens Gardner.
6. *Mother's Maiden Name,*	Martha S Partside.
7. *Mother's Birthplace,*	Ellicott City, Md.
8. *Full Name of Father,*	William Henry, Gardner.
9. *Father's Occupation,*	Plumber.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington MD,
Address,	134 N Carrollton Ave.
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11687

HEALTH DEPARTMENT
APR
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* april the 12
4. *Place of Birth, (Street and Number)* no 35 dover st
5. *Full Name of Mother,* margret hoomes
6. *Mother's Maiden Name,* margret hoomes
7. *Mother's Birthplace,* st mary county md
8. *Full Name of Father,* david mele
9. *Father's Occupation,* labour
10. *Father's Birthplace,* st mary county

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter

Address, no 4 patterson avenue

Remarks, healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

46868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th April. 1881
4. Place of Birth (Street and Number) # 92 Gough St
5. Full Name of Mother Sarah Cullison.
6. Mother's Maiden Name Sarah Ashcum.
7. Mother's Birthplace Balto Md
8. Full Name of Father William Cullison.
9. Father's Occupation Sea Captain
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. J. M. Cockrill. M.D.

Address 340. E. Balto St

Remarks Balto. Md

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

16869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	12th, April
4. *Place of Birth, (Street and Number)*	196 Warner st
5. *Full Name of Mother,*	Emle Boyed
6. *Mother's Maiden Name,*	" Done
7. *Mother's Birthplace,*	Ket Ireland
8. *Full Name of Father,*	John Boyed
9. *Father's Occupation,*	Druges
10. *Father's Birthplace,*	Chester town
Name of Medical Attendant, or other Person who makes this Return.	Angeline Wilson
Address,	124 Warner st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

16870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12th
4. Place of Birth (Street and Number)	No 101 Scott St
5. Full Name of Mother	Carrie Keefe
6. Mother's Maiden Name	Brunia
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Keefe
9. Father's Occupation	Bookseller
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Mary Hannigan
Address	112 Scott St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46871

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 12. 1881
4. *Place of Birth, (Street and Number)* S. Bonn str No 328
5. *Full Name of Mother,* Mary Nix
6. *Mother's Maiden Name,* Margareth
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Nix
9. *Father's Occupation,* Worftworker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Fraubach

Address, S. Wolf str No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

11687 2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth child

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth* April 12 1881
4. *Place of Birth, (Street and Number)* No 1 Ettinge st
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Mary Head
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Clement Smith
9. *Father's Occupation* Smith
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

RETURN OF A BIRTH

4-6873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th April 1881
4. *Place of Birth, (Street and Number)* 50 N. Fulton Av.
5. *Full Name of Mother,* Sallie A. Hall
6. *Mother's Maiden Name,* Asay
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Harry R Hall
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings, M. D.

Address, 274 Madison Ave.

Remarks,

JOHN P. FEY, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 146874

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 13th
4. *Place of Birth, (Street and Number)* No 225 S Broadway
5. *Full Name of Mother* Annie Brieger
6. *Mother's Maiden Name* Swartz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert Brieger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Getz Ke

Address No 55 S Bond st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46875

HEALTH DEPARTMENT APR 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 13th 1881
4. *Place of Birth, (Street and Number)* 72 Courtland St
5. *Full Name of Mother* Mary B. Shea
6. *Mother's Maiden Name* " " McDermott
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Jas. W. Shea
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5 Franklin St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 116876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth. (6th).

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April 13th 1881.
4. *Place of Birth, (Street and Number)* No. 207 North Front Street.
5. *Full Name of Mother* Mrs. Ella Collins.
6. *Mother's Maiden Name* Miss Ella Gilbert.
7. *Mother's Birthplace* New Jersey.
8. *Full Name of Father* Mr. Thomas C. Collins.
9. *Father's Occupation* Steam-boat Engineer.
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Colen Linen M.D.

Address No 1276 Broadway.

Remarks

RETURN OF A BIRTH.

11687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13, 1881
4. *Place of Birth (Street and Number)* 418 Fulton St
5. *Full Name of Mother* Ella Bona
6. *Mother's Maiden Name* Ella Weddigen
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Louis C Bona
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James Bosley MD

Address 319 Hollins St

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 13 April

4. *Place of Birth, (Street and Number)* 121 S Wolf

5. *Full Name of Mother,* Dora Mahony

6. *Mother's Maiden Name,* Hercules

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Ed Mahony

9. *Father's Occupation,* Waterman

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Mahony

Address, 52 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46879

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 13th 1881
4. *Place of Birth, (Street and Number)* 374 North Gay street
5. *Full Name of Mother* Maggie Fink
6. *Mother's Maiden Name* Maggie Schmidt
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Charles Fink
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegorst

Address 182 E Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 26 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) do

3. Date of Birth, April 13, 1881

4. Place of Birth, (Street and Number) 291 E. Biddle

5. Full Name of Mother, Mary F. Boston

6. Mother's Maiden Name, Dulaney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas. W. Boston

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. H. Kemp

Address, 55 N. Greene St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 13th 1881
4. *Place of Birth, (Street and Number)*	189 Mulliken st
5. *Full Name of Mother,*	Anna Crowly
6. *Mother's Maiden Name,*	" Doyle
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Barnard Crowly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Betz
Address,	120 Bank st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

116582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Living

1. *Sex (state whether male or female)* Male White

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Thirtieth of April

4. *Place of Birth (Street and Number)* Baltimore William St 1955

5. *Full Name of Mother* Margaret ~~Caroline~~ Smith

6. *Mother's Maiden Name* " Smith Schnell

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm Oliver Smith

9. *Father's Occupation* Boiler Maker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Apl. 13. 1881.
4. *Place of Birth, (Street and Number)* 334 Lanvale St.
5. *Full Name of Mother* Belle Christian
6. *Mother's Maiden Name* Bowe
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Wm. T. Christian
9. *Father's Occupation* Wholesale Hat Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 731 Penna. Ave.

Remarks

46884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* G
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* April 13. 1881
4. *Place of Birth, (Street and Number)* No. 237 Mulberry St.
5. *Full Name of Mother,* Annie Berry
6. *Mother's Maiden Name,* " Wells
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* George R. Berry
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Chas. W. Neff

Address. 306 W Fayette St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

116585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13th 81
4. *Place of Birth, (Street and Number)*	#227 Eastern Ave
5. *Full Name of Mother,*	Mary Holste
6. *Mother's Maiden Name,*	Zimmermann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Arnold Holste
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Kraft
Address,	#336 Canton Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

116886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 14 Th
4. *Place of Birth (Street and Number)*	214 Lexington St
5. *Full Name of Mother*	Bessie Fleishman
6. *Mother's Maiden Name*	Bessie Hess
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Julius Fleishman
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Timmins
Address	2 Cathedral St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14th 1881
4. *Place of Birth, (Street and Number)* 108 Fitz St
5. *Full Name of Mother,* Louisa P. Owens
6. *Mother's Maiden Name,* Louisa P. Thomas
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jno T. Owens
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address. 140 Saratoga St

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46585

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* April 14th 1881

4. *Place of Birth (Street and Number)* Cor. Fremont & Chimney Alley

5. *Full Name of Mother* Linda Goodlen

6. *Mother's Maiden Name* Linda Smith

7. *Mother's Birthplace* Calvert County

8. *Full Name of Father* John Goodlen

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this return L. H. L. Gall M.D.

Address 406 Cross St.

Remarks Still Born.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

146859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 April 1881
4. *Place of Birth, (Street and Number)* 39 39 North Durham street
5. *Full Name of Mother,* Maggi Brathold.
6. *Mother's Maiden Name,* Maggi Linerlin,
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Linerlin
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 71 North Chapel strat for pustina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 14, 1881.
4. Place of Birth (Street and Number)	38 N. Schroeder.
5. Full Name of Mother	Isabel Gerasch.
6. Mother's Maiden Name	Thompson.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	James Gerasch.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan.
Address	175 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th of April
4. *Place of Birth, (Street and Number)* No. 157 Carolina Eden St
5. *Full Name of Mother,* Katherina Engels
6. *Mother's Maiden Name,* Lily
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Engelbert Engels
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No. 70 Granby St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16892

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 11th
4. *Place of Birth, (Street and Number)* No 311 Fort Avenue
5. *Full Name of Mother* Anna Maria Gardner
6. *Mother's Maiden Name* Anna Maria Gardner
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William H Gardner
9. *Father's Occupation* Store keeper
10. *Father's Birthplace* Louisiana

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Conrad Midwife

Address No 311 Fort Avenue

Remarks Mother and child doing well

46893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14 to 1881
4. *Place of Birth, (Street and Number)* Corner William and Fort av.
5. *Full Name of Mother,* Annie Broeseker
6. *Mother's Maiden Name,* Batchler
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Broeseker
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46894

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14th 1881
4. *Place of Birth, (Street and Number)* No. 206 Light st
5. *Full Name of Mother,* Louise Henkelbein
6. *Mother's Maiden Name,* Gieseking
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Henkelbein
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Lohwasser midwife

Address, 330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11695

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* 14 of april
4. *Place of Birth (Street and Number)* 96 chesnut street
5. *Full Name of Mother* mary E Queen
6. *Mother's Maiden Name* May E Loyd
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John h Queen
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Donna Ruff

Address 120 chesnut stret

Remarks

RETURN OF A BIRTH

46896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE HEALTH DEPARTMENT
APR 21 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* April 14th
4. *Place of Birth, (Street and Number)* 267 W Biddle st
5. *Full Name of Mother,* Mary E Smith
6. *Mother's Maiden Name,* Mary E Hutton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George R Smith
9. *Father's Occupation,* Blacksmithing
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Somerfield

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 16897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14

4. *Place of Birth, (Street and Number)* Bradford Alley No 13

5. *Full Name of Mother,* Annie Kelly

6. *Mother's Maiden Name,* Annie Brooks

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Kelly

9. *Father's Occupation,* Huckster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Elizabeth Feray

Remarks, 193 South Schroeder st Baltimore

HEALTH DEPARTMENT APR 21 1897 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

46898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 22
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46899

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14th 1881
4. *Place of Birth, (Street and Number)* No 479 E Chase Street
5. *Full Name of Mother,* Louisa Hall
6. *Mother's Maiden Name,* Louisa Fales
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Marion W Hall
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Saml F Powell MD

Address, No 29 Aisquith St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46900

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 April
4. *Place of Birth, (Street and Number)* Boundry Ave
5. *Full Name of Mother,* Kat. Waren
6. *Mother's Maiden Name,* Perry
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Lorenz Waren
9. *Father's Occupation,* Lim Fattory
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carper

Address, 52 E Lombard

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~[illegible]~~ Colored
3. *Date of Birth* the 14 April 1881
4. *Place of Birth, (Street and Number)* 99 East Street
5. *Full Name of Mother* May William
6. *Mother's Maiden Name* Mary Richerson
7. *Mother's Birthplace* Welton County Ng
8. *Full Name of Father* Robert William
9. *Father's Occupation* Lit house Keeper
10. *Father's Birthplace* Essex County Ng

Name of Medical Attendant, or other Person who makes this Return. Rosetta

Address Williams

Remarks 70 Chestnut Street

46902

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 April 1881
4. *Place of Birth, (Street and Number)* 163 Orleans St
5. *Full Name of Mother,* Minnie Schull
6. *Mother's Maiden Name,* — Selinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schull
9. *Father's Occupation,* Sigar Macher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Madame Ullig

Remarks, 48 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14th 1881
4. *Place of Birth, (Street and Number)* No 37 S Bond St
5. *Full Name of Mother,* Emma Wallach
6. *Mother's Maiden Name,* " Hecht
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Wallach
9. *Father's Occupation,* Sugar maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address, 120 Bank Lane

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

469011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex,* (state whether male or female)... Mal
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* April 14th 1881
4. *Place of Birth,* (Street and Number) No 169 S Register st
5. *Full Name of Mother,* Elizabetha Tevany
6. *Mother's Maiden Name,* " Bather
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Tevany
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

16905

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 14th 1881
4. *Place of Birth* (Street and Number) Baltimore Aisquith St 84
5. *Full Name of Mother* Mary Ann Hess
6. *Mother's Maiden Name* Mary Ann Miller
7. *Mother's Birthplace* New York
8. *Full Name of Father* Isaac Hess
9. *Father's Occupation* Telegraph operator
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine A. Bedford

Address 141 Orleans St.

Remarks

46906

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 14 1881
4. *Place of Birth, (Street and Number)* S. Mathias Alley 157
5. *Full Name of Mother,* Gerdrud Bittner
6. *Mother's Maiden Name,* Bendel
7. *Mother's Birthplace,* Baiern
8. *Full Name of Father,* Georg Bittner
9. *Father's Occupation,* Wurftwurker
10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Baubach

Address, S Wolf str No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

RETURN OF A BIRTH

4-6907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) "6th"

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 14. 1881
4. *Place of Birth, (Street and Number)* S. Forest No 6
5. *Full Name of Mother,* Katharine Dihm
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Ulrich Dihm
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm Fr. Baumbach

Address, S Wolfe st No 14

Remarks, Uncertain

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46908

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14th 1881
4. *Place of Birth, (Street and Number)* 72 Russell St
5. *Full Name of Mother,* Emma Payne
6. *Mother's Maiden Name,* " Magall
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Payne
9. *Father's Occupation,*
10. *Father's Birthplace,* Washtn D C

Name of Medical Attendant, or other Person who makes this Return. Jno D Bl[illegible] Kyma

Address, 168 S Paca St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11.6909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 15 th
4. *Place of Birth, (Street and Number)* No 337 Alicanna st
5. *Full Name of Mother* Meta Wavis
6. *Mother's Maiden Name* Gister
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ferd Wavis
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address No 165 S Bond st

Remarks

RETURN OF A BIRTH 46910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 15th
4. *Place of Birth, (Street and Number)*	2 Belair Avenue
5. *Full Name of Mother,*	Ann Elizabeth Nelson
6. *Mother's Maiden Name,*	Langman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W. Nelson
9. *Father's Occupation,*	Horse trader
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address,	226 McDonogh st
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15th April 1881
4. *Place of Birth, (Street and Number)* 15 S Carolina St
5. *Full Name of Mother,* Annie Wave
6. *Mother's Maiden Name,* Annie Shields
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thomas Wave
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Leah Wacker

Address, No. 15 S Dunkan Alley

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46912

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 15/81.
4. *Place of Birth, (Street and Number)* 75 N. Fremont St.
5. *Full Name of Mother* Amelia Spicker (Spicker)
6. *Mother's Maiden Name* Hottes.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John H. Spicker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Haver Degrace Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1881
4. *Place of Birth (Street and Number)* 378 E Fayette St
5. *Full Name of Mother* Ida Palmer
6. *Mother's Maiden Name* " Heath
7. *Mother's Birthplace* Balt Co
8. *Full Name of Father* Chas. V. Palmer
9. *Father's Occupation* Lumber Merchant
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Mrs. N. A. Mitchell Mid Wife

Address 75 S Fremont Street

Remarks

11-6914

RETURN OF A BIRTH

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one; the first

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* ~~white~~ white

3. *Date of Birth,* 15 Day of April 1881

4. *Place of Birth, (Street and Number)* No 532 West Saratoga St.

5. *Full Name of Mother,* Mary Kellmar

6. *Mother's Maiden Name,* Mary Friedlein

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Henry Kellmar

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Hessen Cassel. Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dunnley

Address, No 60 Shroeder St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46915

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 15th
4. *Place of Birth, (Street and Number)* No 5 fountain st
5. *Full Name of Mother,* Esther Jane Ensor
6. *Mother's Maiden Name,* Esther Jane Cole
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* James W Ensor
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Av

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46916

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th. 1881
4. *Place of Birth, (Street and Number)* No 238 N. Wolf St.
5. *Full Name of Mother,* Mary Fillings
6. *Mother's Maiden Name,* Mary Delace
7. *Mother's Birthplace,* Petersburg Virg. County
8. *Full Name of Father,* Thomas Fillings
9. *Father's Occupation,* Lock smith & Bell hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt

Address, No 185 S.E. cor. Centre av & Monument St.

Remarks, All Well

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

46917

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth April thr 15 1881
4. Place of Birth (Street and Number) Be city Md Ann st No 178
5. Full Name of Mother Anna McDorman
6. Mother's Maiden Name " Davis
7. Mother's Birthplace Dammersett Co Md
8. Full Name of Father John H McDorman
9. Father's Occupation Seaman
10. Father's Birthplace Dammersett Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 194 Gough St

Remarks Mother & Babe doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

46918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 15

4. Place of Birth (Street and Number) 232 Constitution Street

5. Full Name of Mother Margaret Ray

6. Mother's Maiden Name Margaret Spinner

7. Mother's Birthplace Balt County

8. Full Name of Father John Ray

9. Father's Occupation Carr Builder

10. Father's Birthplace Norfork Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address L E Shuster

Remarks 2 Ardgurth

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 15th 1881
4. *Place of Birth, (Street and Number)*	538 Mulberry St.
5. *Full Name of Mother*	Sarah L. Wait
6. *Mother's Maiden Name*	Dils
7. *Mother's Birthplace*	W. Va
8. *Full Name of Father*	Alfred E. Wait
9. *Father's Occupation*	Book-Keeper
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore Sts
Remarks	

RETURN OF A BIRTH 16920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 4 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th
4. *Place of Birth, (Street and Number)*	Eastern Ave
5. *Full Name of Mother,*	A. Brangels
6. *Mother's Maiden Name,*	A. Haskayer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Brangels
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Simms
Address,	171 S. Washington St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

116921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 5
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child -

1. Sex (state whether Male or Female) male -
2. Race or Color (if not of the white race) White -
3. Date of Birth April 15th 1881 -
4. Place of Birth (Street and Number) no. 300 Penna. av -
5. Full Name of Mother Louisa a. Hollmen -
6. Mother's Maiden Name Huen -
7. Mother's Birthplace Balto. City -
8. Full Name of Father Henry C. Hollmen
9. Father's Occupation Baker -
10. Father's Birthplace Germany -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith - M. D -

Address Harlem av. and Calhoun st -

Remarks Natural labor - child healthy -

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46922

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 0 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth (12d)

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1881
4. *Place of Birth, (Street and Number)* 320 S. Pacaft
5. *Full Name of Mother,* Harriett E Belt
6. *Mother's Maiden Name,* — — Dixon
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Lloyd Belt
9. *Father's Occupation,* Trade Md
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Wm D Blake MD

Address, 1 S Pacaft

Remarks, Mrs B. had twins a male & female

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th 1881
4. Place of Birth (Street and Number)	No 89 Cathedral St
5. Full Name of Mother	Annie Somes
6. Mother's Maiden Name	Hayward
7. Mother's Birthplace	Balto.
8. Full Name of Father	John E Somes
9. Father's Occupation	Lawyer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Secon child April 16 1881

(state whether Male or Female) Female

ce or Color (if not of the white race) Colord

e of Birth April the 16 1881

ce of Birth (Street and Number) Baltimore Citty Cinegst No 19

ll Name of Mother Martha Acullen

ther's Maiden Name Candus

ther's Birthplace Predrick will Verginnia

ll Name of Father Mr James Sandus

her's Occupation Grayn mesure

e s Birthplace from Kent Count

ne of Medical Attendant, or other Person who makes this return Dyanempher

dress West Street No 155

marks All purfect

ULANY & CO. CITY PRINTERS AND STATIONERS.

46928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 16. 1881
4. *Place of Birth (Street and Number)* No 13. Mullikin street
5. *Full Name of Mother* Mary Catharine Stuart
6. *Mother's Maiden Name* Not Married
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William Johnson
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Henrieta Glasco

Address To the Bord of Health Baltimore City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16
4. *Place of Birth, (Street and Number)* No 104 Fredrick W.
5. *Full Name of Mother,* Luise Kriel
6. *Mother's Maiden Name,* Luise Joh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Kriel
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Gernsbach Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address,

Remarks, No 60 Shroeder St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4+6930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
21
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether Male or ~~Female~~) Male

Race or Color (~~if not of the white race~~) Colored

Date of Birth April 16th 1881

Place of Birth (Street and Number) 71 Welcome ally

Full Name of Mother Mary Bond e

Mother's Maiden Name "

Mother's Birthplace Baltimore City

Full Name of Father Josefah Brown

Father's Occupation Laborer

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return

Address Caroline Moore No 271 Hughes st

Remarks

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

46931

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16th 1881
4. *Place of Birth, (Street and Number)* 686 Light st
5. *Full Name of Mother,* Mary Wieland
6. *Mother's Maiden Name,* Ciems
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Wieland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	April 15/81
4. *Place of Birth, (Street and Number)*	No. 112 N. Greene St,
5. *Full Name of Mother*	Martha Austin Knight
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City Md.
8. *Full Name of Father*	W. Le. Austin
9. *Father's Occupation*	Presbyterian Minister
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	No. 112 N. Greene
Remarks	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16th 1881
4. *Place of Birth, (Street and Number)* Dunkin Alley No 114
5. *Full Name of Mother,* Hannah Wilson
6. *Mother's Maiden Name,* Hannah Minnicks
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Wilson
9. *Father's Occupation,* Process
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Jones

Address, 193 South Chapel Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Colard
3. Date of Birth April 16th 1881
4. Place of Birth (Street and Number) No 23 Weascher Street
5. Full Name of Mother alice L Selby
6. Mother's Maiden Name alice Cobb
7. Mother's Birthplace Gordon Georgia
8. Full Name of Father Littleton L Selby
9. Father's Occupation Coach man
10. Father's Birthplace Meryland

Name of Medical Attendant, or other Person who makes this Return. Mrs anna Johnson

Address 92 tison Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46935

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 April
4. *Place of Birth, (Street and Number)* 11 Watson Court
5. *Full Name of Mother,* Kath May
6. *Mother's Maiden Name,* Sei
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John May
9. *Father's Occupation,* Schumacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 8 O C Lombard

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

116936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 81
4. *Place of Birth, (Street and Number)*	~~Morgan~~ Sterrit Alley 2 doors from Monument
5. *Full Name of Mother,*	Anna Elz Freyer
6. *Mother's Maiden Name,*	" Roisbach
7. *Mother's Birthplace,*	Würtemberg
8. *Full Name of Father,*	Rudolph Freyer
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Switzerland
Name of Medical Attendant, or other Person who makes this Return	Mary Work
Address,	328 S. Eutaw St.
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

11937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 16th 1881
4. *Place of Birth, (Street and Number)* 22 N. Paca Street
5. *Full Name of Mother* Minnie Kausche
6. *Mother's Maiden Name* Minnie Pacht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Kausche
9. *Father's Occupation* Wines Liquor dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Otto Dillefeist

Address 182 E. Monument Street

Remarks

RETURN OF A BIRTH

116938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 16th 1881
4. *Place of Birth, (Street and Number)*	No 3 Hope St
5. *Full Name of Mother,*	Olivia H Pryor
6. *Mother's Maiden Name,*	" Cook
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph H Pryor
9. *Father's Occupation,*	Coach Painter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

116934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 1881 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Saturday April 16th, 1881
4. *Place of Birth,* (*Street and Number*) 936 Lexington St
5. *Full Name of Mother,* Annie Smellum
6. *Mother's Maiden Name,* Annie Wyman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Augustus Smellum
9. *Father's Occupation,* Blk Smith
10. *Father's Birthplace,* Saxony

Name of Medical Attendant, or other Person who makes this Return. Wilmer Bainbridge M.D.

Address, 25 ½ Greenmount Ave

Remarks, Very Premature "

RETURN OF A BIRTH

11 6940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 4 1881
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Twenty of April
4. *Place of Birth, (Street and Number)*	N E Corner West Pleasant Alley
5. *Full Name of Mother,*	Carrie L Marshall
6. *Mother's Maiden Name,*	Carrie L Leo
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William H Marshall
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46941

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

Name of Child: Grace Blume

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 16. 1881
4. *Place of Birth, (Street and Number)* Estern Av. No 264
5. *Full Name of Mother,* Martha (~~Blum~~) Blume
6. *Mother's Maiden Name,* Thames
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Albert (~~Blum~~) Blume
9. *Father's Occupation,* Salonkeeper
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf str No 14

Remarks, Midwife

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male ~~or female~~)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 8h 30m A.M. 17th April, 1881.
4. *Place of Birth (Street and Number)* 5 Greenwillow St, Balto Maryland
5. *Full Name of Mother* Mary Elizabeth Harris
6. *Mother's Maiden Name* Mary Elizabeth Loggins
7. *Mother's Birthplace* Baltimore, Maryland
8. *Full Name of Father* Leroy Harris
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Fredericksburg - Virginia.

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Worth M.D.

Address 236 N. Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 17th 1881.
4. *Place of Birth (Street and Number)*	No 14 Pleasant Alley.
5. *Full Name of Mother*	Mrs Maggie Le Cuyre.
6. *Mother's Maiden Name*	Miss Maggie Martin
7. *Mother's Birthplace*	Baltimore City.
8. *Full Name of Father*	Thomas Le Cuyre
9. *Father's Occupation*	Bar tender.
10. *Father's Birthplace*	Richmond, Virginia.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel L. Garrett
Address	No 65 Burke St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 17 1881
4. *Place of Birth (Street and Number)* Mallory St Baltimore Md
5. *Full Name of Mother* Georgianna Harris
6. *Mother's Maiden Name* Georgianna Buff
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Sam Harris
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Natural County

Name of Medical Attendant, or other Person who makes this Return. Anna Buff

Address 120 Chestnut St Baltimore

Remarks

...rect Record of Vital Statistics in the City of Bal...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

169145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Colored
Date of Birth	April 17th 1881
Place of Birth (Street and Number)	No 12 Frew St.
Full Name of Mother	Fanny L. Seymour
Mother's Maiden Name	" " Wample
Mother's Birthplace	Gettysburg
Full Name of Father	John Seymour
Father's Occupation	Waiter
Father's Birthplace	Columbia Pa
Name of Medical Attendant, or other Person who makes this Return.	T. F. McCormick M.D.
Address	~~#~~ 454 Madison ave
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

116946

HEALTH DEPARTMENT BALTIMORE JUL 22 1881

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	4th July 1881
4. *Place of Birth, (Street and Number)*	120 McCulloh St
5. *Full Name of Mother*	Frances Virginia Crawford
6. *Mother's Maiden Name*	" " Haller
7. *Mother's Birthplace*	York Pennsylvania
8. *Full Name of Father*	Augustus Arthur Crawford
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	W Keller
Address	306 Madison Ave
Remarks	

RETURN OF A BIRTH.

46947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday 17th April 1881
4. *Place of Birth (Street and Number)* No 5 Whalcoat St
5. *Full Name of Mother* Sophia Catherina High
6. *Mother's Maiden Name* Sophia Catherina Finch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Robert High
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H S Borie M.D.

Address 175 Arlington Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

46948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	17th April
4. *Place of Birth, (Street and Number)*	26 Winter st
5. *Full Name of Mother,*	Marrie A. Green
6. *Mother's Maiden Name,*	" Williames
7. *Mother's Birthplace,*	St Marrie County
8. *Full Name of Father,*	Robert Green
9. *Father's Occupation,*	Steavedor
10. *Father's Birthplace,*	Sat. Marrie County
Name of Medical Attendant, or other Person who makes this Return.	Angelline Wilson
Address,	194 Warner st
Remarks,	

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* April 17 1881
3. *Date of Birth,* April 17. 1881
4. *Place of Birth, (Street and Number)* Baltimore Wyeth st. No 30
5. *Full Name of Mother,* Mary Cooney
6. *Mother's Maiden Name,* Mary Hizzie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Cooney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 Ridgley Med

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46950

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 April
4. *Place of Birth, (Street and Number)* 125 S High
5. *Full Name of Mother,* Kat Gras
6. *Mother's Maiden Name,* Sikie
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James Gras
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 812 E Lombard

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46951

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 April
4. *Place of Birth, (Street and Number)* 258 Cross Street
5. *Full Name of Mother,* Lizzie Dieschaefer.
6. *Mother's Maiden Name,* Lizzie Ortmann
7. *Mother's Birthplace,* Germeney
8. *Full Name of Father,* John Dieschaefer.
9. *Father's Occupation,* Taylor.
10. *Father's Birthplace,* Germeney.

Name of Medical Attendant, or other Person who makes this Return Katharine Minn

Address, 8 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

46952

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th child

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 17th April 1881
4. *Place of Birth, (Street and Number)* 64 Aisquith st
5. *Full Name of Mother* Mary Bevan
6. *Mother's Maiden Name* McCafferty
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Nicholas M Bevan
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. H. W. Wekstrip M.D.

Address 57 Barnes

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Apl. 17. 1881.
4. *Place of Birth, (Street and Number)* 216 N. Calhoun St.
5. *Full Name of Mother* Victoria Prevost
6. *Mother's Maiden Name* Phelps
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Alphonse Prevost
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna Ave.

Remarks

46954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1881
4. *Place of Birth (Street and Number)* 18 Division St
5. *Full Name of Mother* Kate Beauchamp
6. *Mother's Maiden Name* Kate Hawkins
7. *Mother's Birthplace* Brandywine Md.
8. *Full Name of Father* John Thomas Beauchamp
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address No 1 N. Boundary Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46955

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	~~M~~ — female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th April 1881
4. *Place of Birth, (Street and Number)*	7 Church St
5. *Full Name of Mother,*	Mary Ann Mitchell
6. *Mother's Maiden Name,*	" " Joyce
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	
9. *Father's Occupation,*	Wm. H. Mitchell
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	A. N. Dodge MD
Address,	
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11956

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 18 1881
4. *Place of Birth, (Street and Number)* 166 Hughes st
5. *Full Name of Mother* Ella Craig
6. *Mother's Maiden Name* Ella Kissl
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theadore Craig
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

46957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 18th 1881

4. *Place of Birth, (Street and Number)* 280 N Lombard St

5. *Full Name of Mother,* Rose Simon

6. *Mother's Maiden Name,* Rose Samuels

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Jacob Simon

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 140 Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April the 18, 1881

4. *Place of Birth, (Street and Number)* Mulliken St. No 11 90.

5. *Full Name of Mother,* Henriette Krumm

6. *Mother's Maiden Name,* Henriette Helmsmeier

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Charles Krumm

9. *Father's Occupation,* Ship Carpenter

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, No Dallas St. No 26

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, leave or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 18th 1881
4. *Place of Birth, (Street and Number)* 46 South Ann Street
5. *Full Name of Mother* Mary Kohlman
6. *Mother's Maiden Name* Mary Garey
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Nicklaus Kohlman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Billgast

Address 182 N Monument St

Remarks

46960

RETURN OF A BIRTH

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 April
4. *Place of Birth, (Street and Number)* 74 E Lombard
5. *Full Name of Mother,* Lizzie Corbley
6. *Mother's Maiden Name,* Nolen
7. *Mother's Birthplace,* Cecil Md
8. *Full Name of Father,* Barney Corbley
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Cecil Md

Name of Medical Attendant, or other Person who makes this Return John Davis Carpen

Address, 52 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 25 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18th April
4. *Place of Birth, (Street and Number)* 7 China st
5. *Full Name of Mother,* Nacie Snoder
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Ross
9. *Father's Occupation,* St. Walking
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 194 Varnes st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

146962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 =

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 18
4. *Place of Birth (Street and Number)* 138 Johnson
5. *Full Name of Mother* Catherine Hook
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas Hook
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. R. H. Ellis

Address 313 Light St.

Remarks

RETURN OF A BIRTH

11963
4963

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 15th 1891
4. *Place of Birth, (Street and Number)*	No 35 E Eager St
5. *Full Name of Mother,*	Henrietta Ironmonger
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Race
8. *Full Name of Father,*	Baltimore Md
9. *Father's Occupation,*	Charles A Ironmonger
10. *Father's Birthplace,*	Chair Driver
Name of Medical Attendant, or other Person who makes this Return.	Baltimore Md
Address,	Regina A. Winter
Remarks,	186 Harford Ave

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46964 46964

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 8 April 1881
4. *Place of Birth, (Street and Number)* No. 105 Sterling Ter
5. *Full Name of Mother* Lotty Grannis
6. *Mother's Maiden Name* Lotty Ganiel
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* James Grannis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address 70 Street

Remarks Mother and child doing well

RETURN OF A BIRTH

4-6965
4696 C

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 18th 1884
4. *Place of Birth, (Street and Number)* 124 Low st.
5. *Full Name of Mother,* Esther Mase
6. *Mother's Maiden Name,* Moses
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Mase
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bernstein

Address, 110 E. Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46966

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 3-11-53

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1931 BALTIMORE

Name: Mamie Milhiser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Jewish
3. *Date of Birth,*	18 of April, 1881
4. *Place of Birth, (Street and Number)*	129 Orleans St
5. *Full Name of Mother,*	Rachel Milhouser
6. *Mother's Maiden Name,*	—— Pappenheimer
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jos Milhouser
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs Rose Ulbig
Remarks,	48 Holland St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

46967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1897
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & Last

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 18th April
4. *Place of Birth, (Street and Number)* 84 York st.
5. *Full Name of Mother,* Marie Makim
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Eastenshore Forgina
8. *Full Name of Father,* Sam Makim
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Easten Shore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 194 Warner st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46968

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 18 1881
4. *Place of Birth, (Street and Number)* 20 Washington St
5. *Full Name of Mother* Ella Ruhl
6. *Mother's Maiden Name* Ella Dejay
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Ruhl
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address " 345 Penna av

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46969

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* April 18th 1881
4. *Place of Birth, (Street and Number)* 36 Stevens
5. *Full Name of Mother,* Matilda W Carey
6. *Mother's Maiden Name,* " " Constantine
7. *Mother's Birthplace,* New Paul Ky
8. *Full Name of Father,* James E Carey
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake Md

Address, 16 S Pacaff

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

46970

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th, 1881
4. *Place of Birth, (Street and Number)* No. 63 S. Castle
5. *Full Name of Mother,* Fanny Mackroy
6. *Mother's Maiden Name,* Fanny Hawkins
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bernard Mackroy
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. [illegible] M.D.

Address, 244, Bank St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	3d Child
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th April 1881
4. *Place of Birth, (Street and Number)*	# 215 Chew St
5. *Full Name of Mother,*	Ida Virginia Fowler
6. *Mother's Maiden Name,*	Ida Virginia Crosby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Henry Fowler
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo H Watson M.D.
Address,	# 18 Hasguith St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

46972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 19th 1881
4. *Place of Birth (Street and Number)*	No 61 Burke St.
5. *Full Name of Mother*	Mrs Lizzie Hessenauer
6. *Mother's Maiden Name*	Miss Lizzie Ebbighause
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Lenhardt Hessenauer
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rachel A. Everett
Address	No 65 Burke St
Remarks	

rect Record of Vital Statistics, in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

46973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 4, 19, 81
4. *Place of Birth (Street and Number)* 424 Mulberry St
5. *Full Name of Mother* Amelia Boetter
6. *Mother's Maiden Name* Oster
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Geo Boetter
9. *Father's Occupation* Shrewaker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 3119

Remarks

46974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1881
4. *Place of Birth (Street and Number)* 358 Eastern av.
5. *Full Name of Mother* Ellen Kane
6. *Mother's Maiden Name* Ellen Duffey
7. *Mother's Birthplace* Conn.
8. *Full Name of Father* Thos. P. Kane
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 77 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

146975

HEALTH DEPARTMENT APR 20 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name, Florence Grace Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th
4. Place of Birth, (Street and Number) No 52 North Arlington Ave
5. Full Name of Mother, Anna Eliza Weber
6. Mother's Maiden Name, Anna Eliza Elliott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Joseph Weber
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Dinaler

Address, No 60 Broeder St

Remarks,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

116976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 19—1881
4. *Place of Birth, (Street and Number)* No 275 William st
5. *Full Name of Mother,* Mary Kungie
6. *Mother's Maiden Name,* Dietzel
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Fredrick Kungie
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Lancaster midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4 6977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 5 / 81

HEALTH DEPARTMENT
APR 21 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17th 1881
4. *Place of Birth, (Street and Number)* 42 South Wolfe St.
5. *Full Name of Mother,* Lizzie Shammel.
6. *Mother's Maiden Name,* Lizzie Mark.
7. *Mother's Birthplace,* Indiana.
8. *Full Name of Father,* William Shammel.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 131 South Wolfe St.

Remarks, H

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

116978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 19 1881
4. Place of Birth (Street and Number)	303 La Fayette ave.
5. Full Name of Mother	Sarah A. Pettyjohn
6. Mother's Maiden Name	Holland.
7. Mother's Birthplace	Delaware.
8. Full Name of Father	Jacob S. Pettyjohn.
9. Father's Occupation	R. R. agent.
10. Father's Birthplace	Delaware.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	175 Lanvale St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child 23 24 72 33

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of April 1881
4. *Place of Birth, (Street and Number)* 255 East Jefferson Street
5. *Full Name of Mother,* Mollie Hubert
6. *Mother's Maiden Name,* Mollie Strashimer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Strashimer
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of April 1881
4. *Place of Birth, (Street and Number)* No 3. North Washington Street
5. *Full Name of Mother,* Maggie Copper
6. *Mother's Maiden Name,* Maggie Camel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rosier Camel
9. *Father's Occupation,* Master
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kimbel

Address, 11 North Chapel Street per pustina Kimbel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

116981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 the
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19 the April 1881
4. *Place of Birth, (Street and Number)*	538 w. Pratt st
5. *Full Name of Mother,*	Kate Wildman
6. *Mother's Maiden Name,*	Kate Croner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernest Wildman
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Phillips
Address,	20 Columbia st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16982

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 17th 1881
4. *Place of Birth, (Street and Number)* N° 362 William st
5. *Full Name of Mother* Mary Emma Rush
6. *Mother's Maiden Name* Mary Emma Barnett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William T. Rush
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address N° 18 Byrd st

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

46983

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female) Male

Race or Color, (if not of the white race) white race

Date of Birth April the 19

Place of Birth, (Street and Number) Baltimore light St No 679

Full Name of Mother Thibedeaux Chandler

Mother's Maiden Name Thibedeaux Windsor

Mother's Birthplace Virginia

Full Name of Father William Chandler

Father's Occupation Brick Maker

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address William St No 374

Remarks

RETURN OF A BIRTH 46984

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 19th 1881
4. *Place of Birth, (Street and Number)*	118 S. Washington st Baltimore Md
5. *Full Name of Mother,*	Anna Garrison
6. *Mother's Maiden Name,*	" Donaghn
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Garrison
9. *Father's Occupation,*	Ship carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Hannah C. Knowles
Address,	No 136 S. Caroline st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

16985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19, 1881.
4. *Place of Birth, (Street and Number)* 87 S. Caroline St.
5. *Full Name of Mother,* Carrie Christ
6. *Mother's Maiden Name,* Carrie Linz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Christ
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M. D.

Address, 94 S. Broadway.

Remarks, Forceps Delivery.

JOHN B. PIET, PRINTER & STATIONER, BALT.

46986

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 19th 1881
4. *Place of Birth, (Street and Number)* 351 Lexington St.
5. *Full Name of Mother,* Anna R. O'Ferrall
6. *Mother's Maiden Name,* Anna R. Street,
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Hugh O. Ferrall
9. *Father's Occupation,* Police officer.
10. *Father's Birthplace,* Ireland,

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 87 N. Greene St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

#46987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of April 1881
4. *Place of Birth, (Street and Number)* 504 Washington St
5. *Full Name of Mother,* Barbara Fink
6. *Mother's Maiden Name,* — — Storck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fink
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulig

Address, 28 H. Bland St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

46988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 19th 1881
4. *Place of Birth (Street and Number)* 80. Byrd Street
5. *Full Name of Mother* ~~Martha Brown~~ Martha Blackburn
6. *Mother's Maiden Name* Martha Brown
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Blackburn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. E. Miles M.D.

Address 168. Hanover St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 46989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 19 1881
4. *Place of Birth, (Street and Number)* 187 Luther st
5. *Full Name of Mother* Margaret Beckenbaugh
6. *Mother's Maiden Name* " Heiring
7. *Mother's Birthplace* Balt and
8. *Full Name of Father* W H Beckenbaugh
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Pa.

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 25 Franklin

Remarks

46990

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 1 April the 19 1881
4. *Place of Birth, (Street and Number)* 315 Howard Street born to oelk
5. *Full Name of Mother,* Julia E Stiles
6. *Mother's Maiden Name,* Julia E Steward
7. *Mother's Birthplace,* Eastern Shoe
8. *Full Name of Father,* John W Stiles Mary Frances Stiles
9. *Father's Occupation,* oyster shucker
10. *Father's Birthplace,* Eastern Shoe

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, C/o 80 plum alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 19th 1881
4. *Place of Birth, (Street and Number)* Barre St.
5. *Full Name of Mother* Bertha E. Jones
6. *Mother's Maiden Name* " " Bishop
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jno H. Jones
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Sharp A. Richmond

Address 185 Lee St.

Remarks

46992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth April 19th 81
4. Place of Birth (Street and Number) 23 N. Wolfe St
5. Full Name of Mother Magdalena Schuler
6. Mother's Maiden Name Dickas
7. Mother's Birthplace Nutley
8. Full Name of Father George Schuler
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Stathers, Mrs

Address 245 S. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

46993

HEALTH DEPARTMENT
MAY
24
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 19th 1881
4. *Place of Birth* (Street and Number) 96 Eastth.
5. *Full Name of Mother* Virginia Branson
6. *Mother's Maiden Name* Romar
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis Branson
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Mathews, MD

Address 245 S. Baltimore St

Remarks

RETURN OF A BIRTH, 469911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 20 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 20th 1881
4. *Place of Birth, (Street and Number)*	No 23. Columbia Ave
5. *Full Name of Mother*	Alice Lepson
6. *Mother's Maiden Name*	" N. Ruby
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	George Lepson
9. *Father's Occupation*	Tobo Lepsn
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Margt A. Richmond
Address	185 Lee St.
Remarks	

RETURN OF A BIRTH

116995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 21 1881

APR 21 1881

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1881
4. *Place of Birth, (Street and Number)* 16 Eylord Street
5. *Full Name of Mother,* Lizzie Zipler
6. *Mother's Maiden Name,* Lizzie Ulrich.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Christ Zipler
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 37 South Wolfe St.

Remarks, 11

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46996

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 20th 1881
4. *Place of Birth, (Street and Number)* 161 W Lombard, (Maternité)
5. *Full Name of Mother* Ella Pierce
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Cecil County, Md
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. L. L. Betting

Address

Remarks Resident Phy-

46997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. ~~Race or Color~~ (if not of the white race)
3. Date of Birth April 20 1881
4. Place of Birth (Street and Number) 93 S Register St
5. Full Name of Mother Harriet Anderson
6. Mother's Maiden Name Harriet Hutchinson
7. Mother's Birthplace England
8. Full Name of Father Andrew Anderson
9. Father's Occupation Engineer
10. Father's Birthplace Denmark

Name of Medical Attendant, or other Person who makes this Return. Jos C Benzinger MD

Address N E Cor Broadway & Pratt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 116998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Liv Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11, 1881.
4. *Place of Birth, (Street and Number)* E. Pratt St. No. 105½.
5. *Full Name of Mother,* Margaretha Müller
6. *Mother's Maiden Name,* Margaretha Leonhardt
7. *Mother's Birthplace,* Obarben, Gr. Hessen - Germany
8. *Full Name of Father,* Georg Müller
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Obarben, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 24 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, ~~&c.~~)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 81
4. *Place of Birth, (Street and Number)* No 376 N. Washington st
5. *Full Name of Mother,* Ida Elizabeth Virginia Doyle
6. *Mother's Maiden Name,* Ida Myers
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Francis Doyle
9. *Father's Occupation,* Gaiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Geo W. Bartleman Md

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 April
4. *Place of Birth, (Street and Number)* 56 Front
5. *Full Name of Mother,* Rosie Rafuse
6. *Mother's Maiden Name,* Neal
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* Lorenz Rafuse
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Cortes

Address, 50 E Fremont

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th April 81
4. *Place of Birth, (Street and Number)* #1/5 Wyeth St.
5. *Full Name of Mother,* Catharina Mattais
6. *Mother's Maiden Name,* " Bender
7. *Mother's Birthplace,* Hessendarmstadt.
8. *Full Name of Father,* John Henry Mattais
9. *Father's Occupation,* Hessendarmstadt
10. *Father's Birthplace,* Machinist

Name of Medical Attendant, or other Person who makes this Return Mary Kroh.

Address. # 328 J. Entau St.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47002

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 25 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 20th 1881.
4. *Place of Birth, (Street and Number)*	371 Dawson St.
5. *Full Name of Mother,*	Minnie Hughs.
6. *Mother's Maiden Name,*	Minnie Pistel.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Wm Robt. Hughs.
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Johns I Pennington. M.D.
Address,	134 N Carrollton Av.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 20th 1881
4. *Place of Birth, (Street and Number)* Baltimore Druid Hill Co 53
5. *Full Name of Mother* Margrett McCauliff
6. *Mother's Maiden Name* " Cown
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Maurice McCauliff
9. *Father's Occupation* Coach-man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks

RETURN OF A BIRTH

47004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th April 81
4. *Place of Birth, (Street and Number)* 74 George St.
5. *Full Name of Mother,* Mary C. Wright
6. *Mother's Maiden Name,* Mary C. Thompson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John R. Wright,
9. *Father's Occupation,* Grocer.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Keller MD

Address, 87 Greene St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47005

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20th 1881
4. *Place of Birth, (Street and Number)* 50 Clark St.
5. *Full Name of Mother,* Mary List
6. *Mother's Maiden Name,* Mary Himler
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frank List
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Heller M.D.

Address, 89 N. Greene St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2 3

(state whether male or female) mail

e or Color, (if not of the white race) Color

e of Birth, April the 20 1881

ce of Birth, (Street and Number) No 256 West St

l Name of Mother, Mary Ellen Whebb

her's Maiden Name, Mary Ellen Henry

her's Birthplace, Room & Coreline Country

Name of Father, John Robert Whebb

er's Occupation, Hard Caringe

er's Birthplace, Baltimore

e of Medical Attendant, or other Person who makes this Return Fuzy Sidney

ress, No 1 Patapsco ave mut

arks,

TERS AND STATIONERS

47007

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 20th
4. *Place of Birth, (Street and Number)*	S. E. Corner of Hamburg & Sharp Streets
5. *Full Name of Mother,*	Friedericke Anna Bruberger
6. *Mother's Maiden Name,*	Friedericke Anna Grages.
7. *Mother's Birthplace,*	Bremen
8. *Full Name of Father,*	Ulrich Herrmann Bruberger.
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Breslau (Germany)
Name of Medical Attendant, or other Person who makes this Return	Katharine Minch
Address,	8 Leadenhall St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

47005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the twenty
4. *Place of Birth, (Street and Number)* Baltimore 415 W. Pratt
5. *Full Name of Mother,* Wilhelmina Emma Moog
6. *Mother's Maiden Name,* Wilhelmina Emma Zimmerman
7. *Mother's Birthplace,* Felsberg Germania
8. *Full Name of Father,* Herrmann Moog
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Warzenbach Germania

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 20 th
4. *Place of Birth, (Street and Number)*	245 N. Dallas st
5. *Full Name of Mother,*	Amelia . Bathchalis
6. *Mother's Maiden Name,*	Amelia . Bagozzy
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Henry . A. Bathchalis
9. *Father's Occupation,*	Canvasser.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Isabella Oliver .
Address,	214 N. Eden st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47610

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 20th April 1881
4. *Place of Birth, (Street and Number)* 105 Chewst.
5. *Full Name of Mother* Barbabar Horn
6. *Mother's Maiden Name* " Fecker
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John J. Horn
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Weber

Address 125 W. Cawler

Remarks Bed

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Mother 7 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 April
4. *Place of Birth, (Street and Number)* Carolton Str. No. 16
5. *Full Name of Mother,* Katharina Gross
6. *Mother's Maiden Name,* " Bayus
7. *Mother's Birthplace,* Heldenbergen Germane
8. *Full Name of Father,* Christian Gross
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Heldenbergen Germane

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dumler

Remarks, " No 60 Shroder St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4/013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1861 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st ~~No 90 Park St~~
4. *Place of Birth, (Street and Number)*	No. 90 Park St,
5. *Full Name of Mother,*	Mary Sutkoski
6. *Mother's Maiden Name,*	Mary Ferguson
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Michael Sutkoski
9. *Father's Occupation,*	Ga. Fitter
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address,	No. 2 Cathedral St
Remarks,	

RETURN OF A BIRTH

47013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 21st 1881

4. *Place of Birth, (Street and Number)* 73 Columbia Ave

5. *Full Name of Mother,* Alice Leeder

6. *Mother's Maiden Name,* Alice Mace

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Amos H Leeder

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M D

Address, 146 Hanover St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

470114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 247 S. Ave, April 21st 1881
4. Place of Birth (Street and Number) ——
5. Full Name of Mother Elizabeth Bien
6. Mother's Maiden Name Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bien
9. Father's Occupation Tinner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. F. Hatholy, Jr.

Address 248 S. Baltimore

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

47015

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Oliver D. Robinson — Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* ~~Baltimore~~ April 21st 1881
4. *Place of Birth, (Street and Number)* Baltimore Sticker st No 6
5. *Full Name of Mother* Estelle Robinson Estell Robertson
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John T. Robinson John Robertson
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 38 Parkin st.

Remarks

RETURN OF A BIRTH.

47016

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21 1881
4. *Place of Birth (Street and Number)* big hughes Street No 28
5. *Full Name of Mother* Mary thawly
6. *Mother's Maiden Name* Mary higgins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charley thawly
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address Keys Street No 10

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47017

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~No. 168 N. Dallas~~ 21st April
4. *Place of Birth, (Street and Number)* No. 168 N. Dallas st
5. *Full Name of Mother,* Mary C. Perigo
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Perigo
9. *Father's Occupation,* Brass Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 21st 1881

4. *Place of Birth, (Street and Number)* No 179 East Pratt St

5. *Full Name of Mother,* Catharine L. Thirkeld

6. *Mother's Maiden Name,* Catharine L. Crane

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* J. W. C. Thirkeld

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 21

4. Place of Birth (Street and Number) 58 Chews Street

5. Full Name of Mother Elisabeth Ruland

6. Mother's Maiden Name Elisabeth Helfler

7. Mother's Birthplace Highland town Canton Co

8. Full Name of Father Luis Ruland

9. Father's Occupation Baker

10. Father's Birthplace Germeney

Name of Medical Attendant, or other Person who makes this Return. J E Shutze

Address 24 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 47020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21st 1881
4. *Place of Birth, (Street and Number)* 111 Bank st.
5. *Full Name of Mother,* Catherina Baker
6. *Mother's Maiden Name,* " Fredrick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Baker
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks, Twins

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47021

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 21st 1881.
4. *Place of Birth, (Street and Number)*	431 Penna. Ave.
5. *Full Name of Mother*	Alice A. Christian
6. *Mother's Maiden Name*	Lawrence
7. *Mother's Birthplace*	Annie Arundel Co. Md
8. *Full Name of Father*	J. D. Christian M.D.
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. D. Christian M.D.
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

17099

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether *Male* or *Female*)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21st 1881
4. Place of Birth (Street and Number)	Columbia ave 124
5. Full Name of Mother	Bertha ~~Wolfe~~ Kaufman
6. Mother's Maiden Name	Bertha Wolfeman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gus. C Kaufman
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	88 N Eutaw Street
Remarks	Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 1881
4. *Place of Birth (Street and Number)* 181 N. Calvert St
5. *Full Name of Mother* Amy Brooks
6. *Mother's Maiden Name* Amy Schultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. R. Brooks
9. *Father's Occupation* Biologist
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 Williamsburg 12

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 21, 1881
4. *Place of Birth (Street and Number)*	188 Hollins St.
5. *Full Name of Mother*	Mary S. Robinson
6. *Mother's Maiden Name*	Helmling
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jesse Robinson
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	322 Hollins St.
Remarks	Fine babe

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 22nd 1881
4. *Place of Birth, (Street and Number)* 164 W Lombard St
5. *Full Name of Mother* Mollie Curtis
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. L. L. Biting

Address Resident Phy

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

17026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 23 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22 1881.
4. *Place of Birth, (Street and Number)*	194 E. Madison St.
5. *Full Name of Mother,*	Missouri Mitchell.
6. *Mother's Maiden Name,*	Missouri DeGoff
7. *Mother's Birthplace,*	Gettysburg Pa.
8. *Full Name of Father,*	Wm. E. Mitchell.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M. D.
Address,	227 Caroline Ave
Remarks,	Child Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* April 22nd
4. *Place of Birth, (Street and Number)* 199 Sterling Street
5. *Full Name of Mother* Sarah Trusty
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. A. F. Dulin M.D.

Address 83 Monument St

Remarks Woman unmarried.

RETURN OF A BIRTH.

47028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether male ~~or female~~)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	9h 45m P.M. 22nd April, 1881.
4. *Place of Birth (Street and Number)*	322 Lafayette Avenue or Townsend St
5. *Full Name of Mother*	Emma Killar Reed
6. *Mother's Maiden Name*	Emma Killar Hayes
7. *Mother's Birthplace*	Baltimore, Maryland
8. *Full Name of Father*	John Jefferson Reed
9. *Father's Occupation*	Bread Baker
10. *Father's Birthplace*	Philadelphia, Pennsylvania.
Name of Medical Attendant, or other Person who makes this Return.	Wm. T. Booth M.D.
Address	236 N. Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 22 cd 1881
4. *Place of Birth, (Street and Number)* No 97 Cross st
5. *Full Name of Mother* Julia McNaynez
6. *Mother's Maiden Name* Julia Welch
7. *Mother's Birthplace* England
8. *Full Name of Father* James McNaynez
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 18 Byrd st

Remarks

47030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22d of April
4. *Place of Birth (Street and Number)* Baltimore Johnson St. 105
5. *Full Name of Mother* Scharlotte Louisa Nash
6. *Mother's Maiden Name* Scharlotte Louisa Christpence
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles M Nash
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Misses Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47031

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 April
4. *Place of Birth, (Street and Number)* 135 Eastern Av
5. *Full Name of Mother,* Marie Kirk
6. *Mother's Maiden Name,* Rols
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Pat. Kirk
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd.
4. *Place of Birth (Street and Number)* 271 Montgomery st.
5. *Full Name of Mother* Charlotte Smith
6. *Mother's Maiden Name* Charlotte Hopkins
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* William Smith
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. L. M. Hall M.D.

Address 262 S. Sharp st.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

47033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second -

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Friday April 22nd 81
4. Place of Birth (Street and Number) 3 Hillen St
5. Full Name of Mother Hattie H Smith
6. Mother's Maiden Name Hattie H Foot
7. Mother's Birthplace N York City
8. Full Name of Father Ephraim [illegible] Smith
9. Father's Occupation Bar tender
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. [illegible] Welsh M.D.

Address 51 N Calvert St

Remarks Mother, a deaf mute.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22nd. 7½ P.M. Forceps
4. *Place of Birth (Street and Number)* 275 Bank Street
5. *Full Name of Mother* Catharine Smith
6. *Mother's Maiden Name* Catharine Downey
7. *Mother's Birthplace* Canada
8. *Full Name of Father* Albert Theodore Smith
9. *Father's Occupation* Revenue Cutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Dreville M.D.

Address 299 E Baltimore Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

47036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Child

1. *Sex, (state whether ~~male or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 22, 1891
4. *Place of Birth, (Street and Number)* 1 Liberty St. No 8.
5. *Full Name of Mother,* Rosine Andreas
6. *Mother's Maiden Name,* Rosine Theophil
7. *Mother's Birthplace,* Darmstadt. Gr. Hessen. Germany
8. *Full Name of Father,* Adam Andreas
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Hatgers K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4-7036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 22d
4. *Place of Birth, (Street and Number)*	No. 202 N. Broadway
5. *Full Name of Mother,*	Elizzia Staylor
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eugene Staylor
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mitchell
Address,	251 McKeough st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	5th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Ap. 22nd 1891
4. *Place of Birth,* (*Street and Number*)	68 S. Ann St.
5. *Full Name of Mother,*	Mary Cecilia Langley
6. *Mother's Maiden Name,*	" Morgan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James K. Polk Langley
9. *Father's Occupation,*	Sergeant of Police
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Grove M.D.
Address,	406 E. Balto. St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 22. 1881.
4. *Place of Birth, (Street and Number)*	119 S. Exeter,
5. *Full Name of Mother,*	Lizzie Grau,
6. *Mother's Maiden Name,*	Lizzie Feller
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Frank Grau.
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich, M.D.
Address,	94 S. Broadway.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 22d 1881
4. *Place of Birth, (Street and Number)* 265 Mulberry st
5. *Full Name of Mother,* Mary Elizabeth Meyers
6. *Mother's Maiden Name,* Hagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Meyers
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return: Mrs Mary Seelach

Address, No West Pratt st

Remarks, None

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

170140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 9 1881

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22/81
4. *Place of Birth, (Street and Number)*	#37 Lancaster Str.
5. *Full Name of Mother,*	Dora Steiger
6. *Mother's Maiden Name,*	Kohler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Steiger
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft
Address,	#236 Canton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47041

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 1881
4. *Place of Birth, (Street and Number)* No. 383 E. Eager St.
5. *Full Name of Mother,* Lizzie Wurmman
6. *Mother's Maiden Name,* " Brennen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Wurmen
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt

Address, No 185 S.E. cor Centrel av. & ~~Cor~~ Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47042

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 81
4. *Place of Birth, (Street and Number)* Annapolis Road
5. *Full Name of Mother,* Eliz. Vogel
6. *Mother's Maiden Name,* " Lind
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Vogel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mary Wood

Address. # 328 S Eutaw St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1881
4. *Place of Birth, (Street and Number)* Balto Durham st No 288
5. *Full Name of Mother,* Mary Nasek
6. *Mother's Maiden Name,* A. Nasek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Paul Nasek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kostal

Address, 69 Washington st

Remarks,

Mary Kostal

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1881
4. *Place of Birth, (Street and Number)* Balto Dallas at No 195
5. *Full Name of Mother,* Anne Mathias
6. *Mother's Maiden Name,* Anne Mathia
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jurka Mathias
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptisk

Address, 69 Washington st

Remarks, Mary Koptisk

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd April 1881
4. *Place of Birth, (Street and Number)* Balto- Shew st No 135
5. *Full Name of Mother,* Barbara Hatta
6. *Mother's Maiden Name,* Bar. Studnicka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Sartazall Hatta
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohema

Name of Medical Attendant, or other Person who makes this Return: Maj Hospital

Address, 69 Washington ave

Remarks, Maj Hospital

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April the 23
4. *Place of Birth (Street and Number)* Stockholm ~~Ave~~ St No 56
5. *Full Name of Mother* Lizzie Allsup
6. *Mother's Maiden Name* Lizzie Williams
7. *Mother's Birthplace* Anarundal county
8. *Full Name of Father* Thomas Allsup
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* West river

Name of Medical Attendant, or other Person who makes this Return. All doing Well

Address All Well the child is living

Remarks Survivey Mills

22 Stockholm Steet

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

41044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 of April
4. *Place of Birth, (Street and Number)*	43 Essex street
5. *Full Name of Mother,*	Mary Elizabeth Robinson
6. *Mother's Maiden Name,*	Mary Elizabeth Ridenour
7. *Mother's Birthplace,*	Hagerstown.
8. *Full Name of Father,*	John Frances Robinson
9. *Father's Occupation,*	Hunter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. M. Dorman
Address,	No 335 Eastern Avenue
Remarks,	

HEALTH DEPARTMENT APR 27 1871 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* April 23 - 1881

4. *Place of Birth, (Street and Number)* 161 W. Lombard St (Maternite)

5. *Full Name of Mother,* Mary Montague Coe

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Balto - Md

8. *Full Name of Father,* ~

9. *Father's Occupation,* ~

10. *Father's Birthplace,* ~

Name of Medical Attendant, or other Person who makes this Return. L. L. Bitting M.D

Address, Maternite Hospital

Remarks, Res. Physician

JOHN B. PIET, PRINTER & STATIONER, BALT.

47049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23. of. April
4. *Place of Birth (Street and Number)* 74. Rose. street
5. *Full Name of Mother* Rose. glosser
6. *Mother's Maiden Name* Rose. Kemp.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob glosser
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary L Swanye

Address 59. Lyon. street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23rd 1881
4. *Place of Birth (Street and Number)* Patterson Avenue 3 of Baltic
5. *Full Name of Mother* Corinna C Rey
6. *Mother's Maiden Name* Corinna C Pulliam
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* George W. Rey
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs. G W Bush

Address 175 Pressman st

Remarks Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd April
4. *Place of Birth (Street and Number)* 194 Dolphin St
5. *Full Name of Mother* Mrs Georgia ~~[illegible]~~ Linsabaugh
6. *Mother's Maiden Name* Georgia Fink
7. *Mother's Birthplace* Pa
8. *Full Name of Father* E. McCreery Linsabaugh
9. *Father's Occupation* Publishing Agent
10. *Father's Birthplace* N. Y. ~~[illegible]~~

Name of Medical Attendant, or other Person who makes this Return. H F Hill M D

Address 361 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47052

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd April
4. *Place of Birth, (Street and Number)* Baltimore No. 402 Hanover St.
5. *Full Name of Mother,* Elizabeth Casey
6. *Mother's Maiden Name,* Elizabeth Groh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Casey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 8 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4705 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1867 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* April 23/67

4. *Place of Birth, (Street and Number)* 178 Fough St.

5. *Full Name of Mother,* Elizabeth Bailey

6. *Mother's Maiden Name,* Elizabeth Caldwell

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Edwin Bailey

9. *Father's Occupation,* House carpenter

10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Mansfield

Address, 117 So Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

2470554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	22d April
4. *Place of Birth, (Street and Number)*	240 Peach Alley
5. *Full Name of Mother,*	Carrie Smith
6. *Mother's Maiden Name,*	" Pinckey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	Angelline Wilson
Address,	194 Warner st
Remarks,	

HEALTH DEPARTMENT MAY 2 1891 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 23rd of April
4. *Place of Birth, (Street and Number)* 577 Lindenave
5. *Full Name of Mother* Maggie Sullivan
6. *Mother's Maiden Name* Maggie J Harrison
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Sullivan
9. *Father's Occupation* Police
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs A McElwee

Address 345 Penna ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 April
4. Place of Birth (Street and Number)	83 Scott St.
5. Full Name of Mother	Maggie Jackson
6. Mother's Maiden Name	Maggie Cusick
7. Mother's Birthplace	~~[illegible]~~ Pittsburg
8. Full Name of Father	Danny Jackson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Corrigan
Address	112 Scott St
Remarks	

RETURN OF A BIRTH

47057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Luther Christian Spies

MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 of April
4. *Place of Birth, (Street and Number)* Tennand St No 10
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sophia Elizaeth Spies
7. *Mother's Birthplace,* Baltimor City
8. *Full Name of Father,* Charles Crittopker Spies
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Harford County Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dunler

Remarks, No 10 Shroeder St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47058

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 23d 1881.
4. *Place of Birth, (Street and Number)* # 504 North Gay street.
5. *Full Name of Mother* Mary Ann Binan
6. *Mother's Maiden Name* Mary Ann Hamilton.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Conrad Binan
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist.

Address 182 E Monument. st

Remarks

47059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 24 1881

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 23rd 81
4. Place of Birth (Street and Number) 102 W. Fayetteth
5. Full Name of Mother Regina Schloer
6. Mother's Maiden Name Gehring
7. Mother's Birthplace Germany
8. Full Name of Father V. Chas Schloer
9. Father's Occupation Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 24th 1881
4. Place of Birth (Street and Number)	116 N Holiday St
5. Full Name of Mother	Harriet Williams
6. Mother's Maiden Name	" Cook
7. Mother's Birthplace	Howard County
8. Full Name of Father	Jas Williams
9. Father's Occupation	Junk Dealer
10. Father's Birthplace	Westminster Md.
Name of Medical Attendant, or other Person who makes this Return.	T. J. Woods M D
Address	127 St Paul St
Remarks	Child Lived but 5 Minutes was a miscarriage of 8 months

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th
4. Place of Birth (Street and Number)	1v 200 Maryland Av
5. Full Name of Mother	Susie Ellis Bennett
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Ellis
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eugene Bucher
Address	135 W Chase St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 April 1881
4. *Place of Birth, (Street and Number)* Balto. Washington Court No 1
5. *Full Name of Mother,* Klima
6. *Mother's Maiden Name,* Mary Cvah
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Klima
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptist

Address, 69 Washington st

Remarks, Mary Koptist

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 1881
4. *Place of Birth, (Street and Number)* 161 W Lombard St Maternité
5. *Full Name of Mother,* Mollie Boud
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto -
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L. L. Bittinger M.D.

Address, Resident Physician at Maternite Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14764

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 5 Les Child

1. *Sex,* (*state whether ~~male or~~ female*) .....
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April 24th 1891,
4. *Place of Birth,* (*Street and Number*) Lisle Green St. No. 165
5. *Full Name of Mother,* Auguste Peter
6. *Mother's Maiden Name,* Auguste Fischer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* George Peter
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Orsenberg Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St, No 26

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 47065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 24th 1881
4. *Place of Birth, (Street and Number)* No. 3 Madeira Alley
5. *Full Name of Mother* Mrs. Elizabeth Kistner
6. *Mother's Maiden Name* Miss Elizabeth Hoe
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. George Kistner
9. *Father's Occupation* Gilder
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. William H. Clendinen M.D.

Address No. 102 N. Broadway

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 28 1881

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Color
3. Date of Birth Apr 24
4. Place of Birth (Street and Number) 21 Peach Aley
5. Full Name of Mother mr married
6. Mother's Maiden Name ~~Mary~~ Katy b Bolard
7. Mother's Birthplace Somerset Co md
8. Full Name of Father Thomas Landing
9. Father's Occupation ~~not~~ Dont Know
10. Father's Birthplace Balt city md

Name of Medical Attendant, or other Person who makes this Return. May G Dennis mid wife

Address No 21 Peach Aley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April 24 1891
4. *Place of Birth,* (*Street and Number*) No 373 Penna Avenue
5. *Full Name of Mother,* Katie Jahl
6. *Mother's Maiden Name,* Weisman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Jahl
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Alex E. Schmidt No 625 Penna Ave

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 et
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 24th 1881
4. *Place of Birth, (Street and Number)*	357 Wellesley st
5. *Full Name of Mother,*	Delia Sandford
6. *Mother's Maiden Name,*	Delia Wells
7. *Mother's Birthplace,*	Prince Geo's Co Md
8. *Full Name of Father,*	Wm H Sandford
9. *Father's Occupation,*	Flour Merchant
10. *Father's Birthplace,*	Charles Co Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	140 Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24th
4. *Place of Birth, (Street and Number)* No. 339 E. Madison st.
5. *Full Name of Mother,* Ida A. Trott
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas G. Trott
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Mary A. Allwell

Address, 286 Mt. Donogh st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47070

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 1881
4. *Place of Birth, (Street and Number)* 50 Clonmel St
5. *Full Name of Mother,* Mara Lightning
6. *Mother's Maiden Name,* Ma Wappler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thos Lightning
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss E Levy

Address, 193 Chester St

Remarks, Healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 29 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* ~~April~~ 24th April
4. *Place of Birth,* (*Street and Number*) 1131 Gay st.
5. *Full Name of Mother,* Emma Brison
6. *Mother's Maiden Name,* Adam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Brison
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, 1071 Granby st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47072

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24 1881
4. *Place of Birth, (Street and Number)* 172 George St
5. *Full Name of Mother,* Maggie Bast
6. *Mother's Maiden Name,* Maggie Schade
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Bast
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Heller M.D.

Address, 89 N. Greene St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 24
4. *Place of Birth, (Street and Number)* Cubica St No 11
5. *Full Name of Mother* Brigert Wallick
6. *Mother's Maiden Name* Brigert Kelley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Martin Wallick
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Magie Ethel

Address No 13 Cubica Street

Remarks

RETURN OF A BIRTH

47074

MAY 31 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 24th 1881.
4. *Place of Birth, (Street and Number)* 814 N. Exeter St.
5. *Full Name of Mother,* Annie Egans.
6. *Mother's Maiden Name,* " " Gran.
7. *Mother's Birthplace,* Irland.
8. *Full Name of Father,* Joseph Egans.
9. *Father's Occupation,* Wines. Liquors. Bar Saloon
10. *Father's Birthplace,* Irland.

Name of Medical Attendant, or other Person who makes this Return. Annie Linder.

Address, 1045. S. Monroe St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 24 1881
4. *Place of Birth, (Street and Number)* Cubia St 17
5. *Full Name of Mother* Claudy Stunk
6. *Mother's Maiden Name* Claudy Birkdener
7. *Mother's Birthplace* Germna
8. *Full Name of Father* Richeard Birkdner
9. *Father's Occupation* Labarer
10. *Father's Birthplace* Germna

Name of Medical Attendant, or other Person who makes this Return. Mayer Ethel

Address No 13 Cubia Street

Remarks

11076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2nd, 1881
4. *Place of Birth (Street and Number)* Stricker St near McHenry St
5. *Full Name of Mother* Jennie Sipes Morrow
6. *Mother's Maiden Name* Jennie Sipes
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Robert Morrow
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. James Dooley M.D.

Address 319 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Color
3. *Date of Birth*	24. April
4. *Place of Birth* (Street and Number)	16 King
5. *Full Name of Mother*	Sarah Jones
6. *Mother's Maiden Name*	Sarah Lawil
7. *Mother's Birthplace*	Baltimore
	Washing and ironing
8. *Full Name of Father*	Jashry Lawil
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Primrose
Address	26 Dover
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11778 over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

Name: Ellen Josephine Steinmiller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 24th of April 1881
4. Place of Birth, (Street and Number) 501 E. Gay St. City
5. Full Name of Mother Louisa Steinmiller
6. Mother's Maiden Name Louisa Kane
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Steinmiller
9. Father's Occupation Fabricating Trader
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Geo. Wollen

Address 125 W. Lawrence St.

Remarks

RETURN OF A BIRTH

41779

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 1881
4. *Place of Birth, (Street and Number)* No - Point Lane near Harford road
5. *Full Name of Mother,* Lizzie Ervin
6. *Mother's Maiden Name,* Lizzie Schmick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Ervin
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A Butt.

Address, No 185 S E. cor. Central av & Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47080

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 11/2

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 of April 1881
4. *Place of Birth, (Street and Number)* 44 McElderry
5. *Full Name of Mother* Laney Barranger
6. *Mother's Maiden Name* Laney Bockel
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Louis Barranger
9. *Father's Occupation* Horse Dealer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 135 W. Lawrence St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47081

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2cd

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, April 24th. 1881.

4. *Place of Birth*, (*Street and Number*) No 364 N. W. cor Bond & Monument St.

5. *Full Name of Mother*, Lizzie Rhinehard

6. *Mother's Maiden Name*, Lizzie Conrad

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Conrad. Rhinehard

9. *Father's Occupation*, Grocery Store

10. *Father's Birthplace*, Darmstatte G. Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt.

Address, No. 185 S. E. cor Centre av. & Monument St.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47082

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* April 24th, 1881
4. *Place of Birth, (Street and Number)* 71 Arlington Avenue
5. *Full Name of Mother,* Annie Allen
6. *Mother's Maiden Name,* Coats
7. *Mother's Birthplace,* " Balt.
8. *Full Name of Father,* Benjamin Allen
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Chas. W. Neff

Address, 306 W. Fayette St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4-7083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
7
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24th 1881
4. *Place of Birth, (Street and Number)* 705 W. Fayette ch
5. *Full Name of Mother,* Mary Agnes Cooney
6. *Mother's Maiden Name,* " " Holton
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William John J. Cooney
9. *Father's Occupation,* Compositor
10. *Father's Birthplace,* Hancock, Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Pumler

Address, No 60 Throeder St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47084

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 181
4. *Place of Birth, (Street and Number)* N 376 W. Lombard
5. *Full Name of Mother,* Louisa E. Cosgrove
6. *Mother's Maiden Name,* " " Gray
7. *Mother's Birthplace,* Fredk City Mo
8. *Full Name of Father,* Lawrence Cosgrove
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address, 387 W. Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24. 1881.
4. Place of Birth (Street and Number)	248 Druid Hill ave
5. Full Name of Mother	Carrie B. Dean
6. Mother's Maiden Name	" " Cathcart
7. Mother's Birthplace	Balto. md —
8. Full Name of Father	Jno. W. Dean
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	Savannah. Ga —
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. King, M.D.
Address	215 N. Carrollton ave —
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1911
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April 24th 1881.
4. *Place of Birth, (Street and Number)* # 84 Harford Road.
5. *Full Name of Mother* ~~[illegible]~~ Elizabeth Schuller.
6. *Mother's Maiden Name* ~~[illegible]~~ Elizabeth Funk
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* David Schuller.
9. *Father's Occupation* Bar Brewer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegust

Address 182 E Monument st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

4707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 25 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	25th April
4. *Place of Birth, (Street and Number)*	29 Perrie st.
5. *Full Name of Mother,*	Cerrie Washington
6. *Mother's Maiden Name,*	" Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James D. Washington
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Angelline Wilson
Address,	894 Warner st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1891
4. *Place of Birth, (Street and Number)* No 66 Elizabeth Lane
5. *Full Name of Mother,* Laura V. Easter
6. *Mother's Maiden Name,* Laura V. Hemp
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Richard Easter
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hairston

Address, No 666 South Charles st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) M. 6 L

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25
4. *Place of Birth, (Street and Number)* 453 W. Stricker
5. *Full Name of Mother,* Susan Henry
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* F. T. Henry
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Norris M. D.

Address, Cor. Stricker & Presbyterian

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47090

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1901 BALTIMORE

Extract Regulations of the Board of Health to ***rect Record of Vital Statistics in the City of B***

That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the regis within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and re of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the child is alive

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* Tarday 26
4. *Place of Birth* (Street and Number) 10 E. Walker St
5. *Full Name of Mother* Sarah Jonson
6. *Mother's Maiden Name* Sarah Lane
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* John Jonson
9. *Father's Occupation* Soler
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Anna Dunkon

Address 122 N Dolfiz st

Remarks She is in ~~bad~~ Good condition

RETURN OF A BIRTH.

47091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25th 1881
4. Place of Birth (Street and Number)	Whatcoat St No. 6
5. Full Name of Mother	Rosa Hess
6. Mother's Maiden Name	Rosa Findt
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm H. Hess
9. Father's Occupation	Clerk
10. Father's Birthplace	Caroll Co Md
Name of Medical Attendant, or other Person who makes this Return.	L. A. Sparrow M. D.
Address	N. Stricker St No. 427.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47092

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1881
4. *Place of Birth, (Street and Number)* No 676 Penna Avenue
5. *Full Name of Mother,* Annie Hafele
6. *Mother's Maiden Name,* " Bichmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hafele
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Wedenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt No 528 Penna Ave

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 25. 1881.
4. Place of Birth (Street and Number)	265 Mulberry St.
5. Full Name of Mother	Lizzie J. Billmyer
6. Mother's Maiden Name	" " Foos
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Dan. F. Billmyer
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr Bergan
Address	173 [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 25th 1881.
4. *Place of Birth, (Street and Number)* No. 51 Burke Street
5. *Full Name of Mother,* Elizabeth Malaney.
6. *Mother's Maiden Name,* Elizabeth Weskyen.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* James Malaney.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Rachel A. Gurrett.

Address, No. 65 Burke Street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11095

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st Child

1. *Sex,* (*state whether male ~~or female~~*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April the 25, 1881.
4. *Place of Birth,* (*Street and Number*) E. Pratt St. No 260
5. *Full Name of Mother,* Maggie Mahr
6. *Mother's Maiden Name,* Maggie Minor
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Friedrich Mahr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10th

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* April 25th 1881

4. *Place of Birth,* (*Street and Number*) 240 Cross St

5. *Full Name of Mother,* Bridget Shaw

6. *Mother's Maiden Name,* Bridget McElroy

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* James Shaw

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Theodore Dorke

Address. 146 Hanover St

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th April 1881
4. *Place of Birth, (Street and Number)* 206 Park Ave:
5. *Full Name of Mother,* Annie Schulz:
6. *Mother's Maiden Name,* Annie Jaeckle
7. *Mother's Birthplace,* Muscatine Co. Iowa!
8. *Full Name of Father,* C. F. E. Schulz.
9. *Father's Occupation,* Prof: of Physical Education
10. *Father's Birthplace,* Saxony Germany

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, No 28. [illegible] Baltimore Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT APR 29 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 25th 1891
4. *Place of Birth, (Street and Number)*	315 N Bond St
5. *Full Name of Mother,*	Emma C. Heath
6. *Mother's Maiden Name,*	" " Bauer
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George W. Heath
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Wintin
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of April
4. *Place of Birth, (Street and Number)* 106 Boston st Canton
5. *Full Name of Mother,* Wilemena ~~Bartel~~ Lintz
6. *Mother's Maiden Name,* " Bartel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rine Lintz
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Ro

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 April 1881
4. *Place of Birth, (Street and Number)* 419 McCullough St
5. *Full Name of Mother,* —
6. *Mother's Maiden Name,* Mary Stander
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* No Account
9. *Father's Occupation,* No Account
10. *Father's Birthplace,* No Account

Name of Medical Attendant, or other Person who makes this Return. Mr Leah Walker

Address, No 15 S Duncan Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 3rd 1891
4. *Place of Birth (Street and Number)* No 95 Raborg st Baltimore Md
5. *Full Name of Mother* Louisa Frances Brown
6. *Mother's Maiden Name* Louisa Frances Jacobs
7. *Mother's Birthplace* Snow Hill Stockton Maryland
8. *Full Name of Father* Joseph A. Brown
9. *Father's Occupation* A Porter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Maria Parrinwood

Address No 95 Raborg st City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 25 th 1881
4. *Place of Birth, (Street and Number)* No 386 S. Charles st
5. *Full Name of Mother,* Annie Wachter
6. *Mother's Maiden Name,* Nickman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lorenz Wachter
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwassel midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 47103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ... BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 25th 1881
4. *Place of Birth, (Street and Number)* East Monument St near Gist Baltimore Md
5. *Full Name of Mother* Kate Taylor
6. *Mother's Maiden Name* Kate Sunderland
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Edward L Taylor
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Amanda Mrine

Address 378 E. Monument Street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH, 117044

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 25th
4. *Place of Birth, (Street and Number)* S. E. cor Fayette & Hanstead
5. *Full Name of Mother* Ester Lehman
6. *Mother's Maiden Name* Hirsh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ephsel Lehman
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 26th 1881
4. *Place of Birth, (Street and Number)* 96 Lombard st.
5. *Full Name of Mother,* Agnes Clark
6. *Mother's Maiden Name,* " Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Clark
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 25th 1881.
4. *Place of Birth, (Street and Number)* No 3 Lemon Court.
5. *Full Name of Mother,* Mage Hight
6. *Mother's Maiden Name,* Potter.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hight
9. *Father's Occupation,* Caster.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner.

Address, 1045 S. Monroe St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

14107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	April 25. 1881
4. *Place of Birth (Street and Number)*	402 E. Lombard St.
5. *Full Name of Mother*	Charlotte H. Hancock,
6. *Mother's Maiden Name*	Charlotte H. Cook,
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Scott. R. Hancock,
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck 2d,
Address	95 E. Balto. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 25

4. *Place of Birth, (Street and Number)* 136 Mc Elderry St

5. *Full Name of Mother,* Ruth Anna Barnes.

6. *Mother's Maiden Name,* Ruth Anna Beans.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William J. Barnes.

9. *Father's Occupation,* Merchant.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Belle Oliver

Address, 214 Eden st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 25
4. *Place of Birth, (Street and Number)* 393 Madison St
5. *Full Name of Mother,* Mary Fells
6. *Mother's Maiden Name,* Mary Price
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Bell Olive

Address, 214 Eden St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	25th April 1881
4. *Place of Birth, (Street and Number)*	281 Orleans St City
5. *Full Name of Mother*	Annie Loehning
6. *Mother's Maiden Name*	Annie Loellke
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Emil H. Loehning
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	125 W. Courtland St, City
Remarks	

47111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 25th 1881
4. Place of Birth (Street and Number) E. Balto
5. Full Name of Mother Mary Bishop
6. Mother's Maiden Name Clean
7. Mother's Birthplace Germany
8. Full Name of Father Henry Bishop
9. Father's Occupation The Bird Man
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address 256 E John

Remarks 6 mo Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11711 91

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 25th 1881
4. *Place of Birth (Street and Number)* 141 E. Madison St.
5. *Full Name of Mother* Ella Slayman
6. *Mother's Maiden Name* Ella Fowler
7. *Mother's Birthplace* City
8. *Full Name of Father* James Slayman
9. *Father's Occupation* Shoe Fitter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. E. B. Ferry

Address 319 N. Central Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	26th April 1881
4. *Place of Birth, (Street and Number)*	24 Cross St
5. *Full Name of Mother,*	Annie C. Wilder
6. *Mother's Maiden Name,*	" " Wilkinson
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Henry C Wilder
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Portsmouth Va
Name of Medical Attendant, or other Person who makes this Return.	A. W. Dodge M. D.
Address,	201 Hanover St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26th April 1881
4. Place of Birth (Street and Number) 69 Amity St
5. Full Name of Mother Victoria Collins
6. Mother's Maiden Name " Murray
7. Mother's Birthplace Baltimore City
8. Full Name of Father John W. Collins
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address 47 Edmondson ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11715

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 26/81
4. *Place of Birth (Street and Number)*	345 N. Gay
5. *Full Name of Mother*	Amelia Grove Graham
6. *Mother's Maiden Name*	Amelia Grove Kirkland
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	Henry Gordon Graham
9. *Father's Occupation*	Shoe manufacturer.
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Irving Miller M.D.
Address	No. 179 E. Monument St.
Remarks	

47116

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th.
4. *Place of Birth, (Street and Number)*	Carrollton Hotel
5. *Full Name of Mother,*	Clara Coleman
6. *Mother's Maiden Name,*	Clara Adams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred. W. Coleman
9. *Father's Occupation,*	Hotel Proprietor
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral St. "
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4/117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* White

2. *Race or Color (if not of the white race)*

3. *Date of Birth* April 16

4. *Place of Birth (Street and Number)* 139 Light st

5. *Full Name of Mother* Amelia Cooke Holmes

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* [illegible]

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 813 Light st

Remarks

47118

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th April
4. *Place of Birth, (Street and Number)* No. 302 McDonough
5. *Full Name of Mother,* Mary A. Hugelmier
6. *Mother's Maiden Name,* Wiesman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Hugelmier
9. *Father's Occupation,* Courier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address, 286 McDonough St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47119

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th
4. *Place of Birth, (Street and Number)* no 94 style st.
5. *Full Name of Mother,* Cristena Uphoff
6. *Mother's Maiden Name,* Swert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Uphoff
9. *Father's Occupation,* Black smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th of April 1881.
4. *Place of Birth, (Street and Number)* 370 East Eutaw street.
5. *Full Name of Mother,* Louis Widtan.
6. *Mother's Maiden Name,* Louis Weihner.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Weihner.
9. *Father's Occupation,* Barber.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14712 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 26 th 1881

4. *Place of Birth, (Street and Number)* No 345 Sharp st

5. *Full Name of Mother,* Elisabeth Eichhart Hildebrand

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Eichhart

9. *Father's Occupation,* Germany Carpenter

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return J. Schneider midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 5 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26th 81
4. *Place of Birth, (Street and Number)* S. W. Cor Argyle Av & Lamvale St.
5. *Full Name of Mother,* Clara Bull
6. *Mother's Maiden Name,* Clara Hughes
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frank M. Bull
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D

Address, 57 N. Green St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47123

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 26 of April
4. *Place of Birth, (Street and Number)* 259 Dallas St
5. *Full Name of Mother,* Minnie Levy
6. *Mother's Maiden Name,* — — Newman
7. *Mother's Birthplace,* ~~Baltimore~~ Hanover
8. *Full Name of Father,* Henry Levy
9. *Father's Occupation,* Brush Macker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rose Ebbig

Remarks, 48 Holland St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 26th 1881

4. Place of Birth (Street and Number) ~~Asquith St~~ No 25 Baltimore Mc Eldery St

5. Full Name of Mother Sarah O Chenowith

6. Mother's Maiden Name Sarah O Miller

7. Mother's Birthplace Baltimore

8. Full Name of Father Ferdinand Chenowith

9. Father's Occupation Keeps Restaurant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine M. Bedford

Address 141 Orleans St.

Remarks

47125

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~April 26~~
3. *Date of Birth,* April 26
4. *Place of Birth, (Street and Number)* No 177 West St. Baltimore Md
5. *Full Name of Mother,* Maggi Eckstorm
6. *Mother's Maiden Name,* Maggi Peik
7. *Mother's Birthplace,* Malbach Darmstad Gearmany
8. *Full Name of Father,* Christian Eckstorm
9. *Father's Occupation,* Trunk Maker
10. *Father's Birthplace,* Usenborn Darmstad Gearmany

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 8 Lardenhallst

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 26th 1881
4. *Place of Birth, (Street and Number)* 415 Fremont St
5. *Full Name of Mother* Emma Hamilton
6. *Mother's Maiden Name* Emma Ellis
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Hamilton
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mesenzell

Address " 345 Penna

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 14712 7

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1927 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 26
4. *Place of Birth, (Street and Number)* Fortare 57
5. *Full Name of Mother* Emma Burns
6. *Mother's Maiden Name* Emma Gabel
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Frank Burns
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson

Address 452 Fort ave

Remarks Mother and child is doing well

RETURN OF A BIRTH

11712-8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ch

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26.
4. *Place of Birth, (Street and Number)* 169 Orleans st.
5. *Full Name of Mother,* Louisa Wooden
6. *Mother's Maiden Name,* Louisa Harryman.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tom Wooden.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Bell Oliver,

Address, 214 Eden St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4712 F

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26th 1881
4. *Place of Birth, (Street and Number)* 21 abbott
5. *Full Name of Mother,* Katie Bennett
6. *Mother's Maiden Name,* Katie Manning
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Bennett
9. *Father's Occupation,* nothing
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs I Oliver

Address, # 214 S Eden St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5-4-

1. *Sex (state whether ~~Male or~~ Female)* "

2. *Race or Color (if not of the white race)*

3. *Date of Birth* April 26 th 1881

4. *Place of Birth (Street and Number)* 32 Appleby st

5. *Full Name of Mother* Clara Ecoff

6. *Mother's Maiden Name* " Monks

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* Ralph Richard Ecoff

9. *Father's Occupation* Plasterer

10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M. D

Address N W Cor Broadway & Madison st

Remarks

RETURN OF A BIRTH

471 B1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th, 1881
4. *Place of Birth, (Street and Number)* No. 233 Gough St.
5. *Full Name of Mother,* Mary King
6. *Mother's Maiden Name,* Conroy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this return. W. Gately, M.D.

Address, 244 Bank St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11732

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4th child

1. *Sex* (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth* April 26 1881
4. *Place of Birth*, (*Street and Number*) 142 Hoffman "
5. *Full Name of Mother* Kate Judge
6. *Mother's Maiden Name* Kate Nolan
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry P Judge
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin "

Remarks

47133

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth (10th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1881
4. *Place of Birth, (Street and Number)* 32 Steinle St
5. *Full Name of Mother,* Christina Hettche
6. *Mother's Maiden Name,* — Gundleman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Hettche
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno A Blaad M.D.

Address, 168 S Paca St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4/1314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 - 1881
4. *Place of Birth, (Street and Number)* 16 N Lombard St. Maternite
5. *Full Name of Mother,* Mrs Jane Ridley (widow)
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* Chicago
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L L Billings, M.D.

Address, Maternite Hospital

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1881
4. Place of Birth (Street and Number)	346 N. Eager St.
5. Full Name of Mother	Annie M. Johnson
6. Mother's Maiden Name	Bowers
7. Mother's Birthplace	Baltimore Co. Md
8. Full Name of Father	Henry Walter Johnson
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Caroline Co. Md
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein M. D.
Address	195 N. Eager St.
Remarks	

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

47136

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 27th 1881
4. *Place of Birth, (Street and Number)*	232 E Chase St
5. *Full Name of Mother,*	Ella Lewis
6. *Mother's Maiden Name,*	" Niger
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John J Lewis
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11-7137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 27. 1881
4. *Place of Birth, (Street and Number)*	223 Battery ave
5. *Full Name of Mother*	Alberta Eaton
6. *Mother's Maiden Name*	Alberta Burns
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Eaton
9. *Father's Occupation*	Waterman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female)* M.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 27th April 1881
4. *Place of Birth, (Street and Number)* 240 Hanover St
5. *Full Name of Mother* Agnes Waddams Tapman
6. *Mother's Maiden Name* Agnes Waddams
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Samuel T Tapman
9. *Father's Occupation* Custom H. Officer
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. H N Metzler

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 27
4. *Place of Birth (Street and Number)* 94 Mosher st.
5. *Full Name of Mother* Julian Denise
6. *Mother's Maiden Name* Julian Milligan
7. *Mother's Birthplace* Dallas st. Baltimore
8. *Full Name of Father* William Denise
9. *Father's Occupation* Brickmaking
10. *Father's Birthplace* Dallas st. Baltimore

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

117446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th of April
4. *Place of Birth, (Street and Number)* Decker St.
5. *Full Name of Mother,* Mary Lizzie
6. *Mother's Maiden Name,* Bailey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Thomas Lizer
9. *Father's Occupation,* Quarryman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Estelle Crosby

Address, 369 Cathedral St.

Remarks,

47141

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 April
4. *Place of Birth, (Street and Number)* 69 E Pratt
5. *Full Name of Mother,* Julia Köhle
6. *Mother's Maiden Name,* Pzeck
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* William Köhle
9. *Father's Occupation,* Clarc
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 8 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) Light complexion
3. *Date of Birth,* April 27th 1881
4. *Place of Birth,* (Street and Number) No. 348 N. Howard St
5. *Full Name of Mother,* Catherine Atkinson
6. *Mother's Maiden Name,* " Jackson
7. *Mother's Birthplace,* Richmond Co, Va.
8. *Full Name of Father,* Wm. Daniel Atkinson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr 27
4. *Place of Birth, (Street and Number)* 31 Stiles St
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Mary James
7. *Mother's Birthplace,* Annapolis Co Md
8. *Full Name of Father,* Reside Miller
9. *Father's Occupation,* ~~Waiter~~ laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lizzie Johnson

Address, 110 E Short st

Remarks, Death of child

JOHN D. PIET, PRINTER & STATIONER, BALT.

47144

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 27th
4. *Place of Birth, (Street and Number)* Charles Street No 534
5. *Full Name of Mother* Emma Wilder
6. *Mother's Maiden Name* Emma Hase
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John D. Wilder
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 18 Byrd street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47145

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1881
4. *Place of Birth, (Street and Number)* 179 N Gilmore St
5. *Full Name of Mother,* Nate Conway Mundie
6. *Mother's Maiden Name,* " " Clarkson
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Richard Arnold Mundie
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Essex Co Virginia

Name of Medical Attendant, or other Person who makes this Return. W J Schisler MD

Address, S W Cor Fayette & Calhoun Pa

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

47146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1951 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1851
4. *Place of Birth (Street and Number)* 135 McElderry St
5. *Full Name of Mother* Mary Graham
6. *Mother's Maiden Name* Mary Harris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Graham
9. *Father's Occupation* Express Office
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B. Reynolds

Address N. E. Cor Calvert & Monument Sts

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH,

11711

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April 27th 1881.
4. *Place of Birth, (Street and Number)* 411 E. Baltimore St.
5. *Full Name of Mother* Mary Babina Quill.
6. *Mother's Maiden Name* Mary J. Wilson.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Thomas Martin Quill.
9. *Father's Occupation* Farmer.
10. *Father's Birthplace* Howard County Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks _____

47148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether male or~~ female)* "
2. *Race or Color (~~if not~~ of the white race)* "
3. *Date of Birth* 4-28.81
4. *Place of Birth (Street and Number)* 192 Lombard (W)
5. *Full Name of Mother* Susan Palmer
6. *Mother's Maiden Name* Reed
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Frank L Palmer
9. *Father's Occupation* Commercial Traveler
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Lt Eastman

Address 349 Lemmon

Remarks

Extract Regulations of the Board of Health of the Mayor and Commissioners of the Department of Health, Relative to the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47119

47149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 28. 1881

4. Place of Birth, (Street and Number) 48 Division Street

5. Full Name of Mother, Virginia Shipley

6. Mother's Maiden Name, " Walters

7. Mother's Birthplace, Howard County Md

8. Full Name of Father, Jno L. Shipley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Howard County Md

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics of the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

49150
47150

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 28th 1881
4. *Place of Birth, (Street and Number)* L. Walsh St. one door above Cook St. (West side)
5. *Full Name of Mother,* Ann Jane Walkins
6. *Mother's Maiden Name,* Susan Jane Boston
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joseph Walkins
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return N. Richert, M.D.

Address. 520 Penna. Av.

Remarks. Weight 17 lbs.!

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

17151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 28. 1881.
4. *Place of Birth, (Street and Number)*	160 Pearl St.
5. *Full Name of Mother,*	Ann John Hasselbaugh
6. *Mother's Maiden Name,*	Annie Kate Wood.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	John Hasselbaugh.
9. *Father's Occupation,*	Upholsterer.
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other Person who makes this Return	H. Richter, M.D.
Address,	530 Penna. Ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 28 1881
4. Place of Birth (Street and Number) Baltimore 114 Bond St
5. Full Name of Mother Susan Huber
6. Mother's Maiden Name Susan Harryman
7. Mother's Birthplace Baltimore Co
8. Full Name of Father Fritz Huber
9. Father's Occupation Laborer
10. Father's Birthplace Wertenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine M Bedford

Address 141 Orleans St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

47153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 28th 1881
4. *Place of Birth, (Street and Number)* No 161 S Eden st
5. *Full Name of Mother,* Barbara Caine
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Caine
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Bank st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics of the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4/1514

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. May 1st 1881

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colad
3. Date of Birth	28 Day April 1881
4. Place of Birth (Street and Number)	11 13 Winder Street
5. Full Name of Mother	Lydia Cooper
6. Mother's Maiden Name	Lydia Byrd
7. Mother's Birthplace	Balt City Md
8. Full Name of Father	Richard Cooper
9. Father's Occupation	Buckmaker
10. Father's Birthplace	Balt city md
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Dennis mid wife
Address	No 21 Peach Alley
Remarks	

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* April 11th 26. 1895
4. *Place of Birth, (Street and Number)* 223 N. Durham
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Byrd
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucinder Wodford

Address, 130 N Regester St

Remarks, No Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN P. PIET, PRINTER & STATIONER, BALT.

47156

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 April
4. *Place of Birth, (Street and Number)* 164 S. Ann St
5. *Full Name of Mother,* Frederike Kuckert
6. *Mother's Maiden Name,* Brotsmann
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Frank Kuckert
9. *Father's Occupation,* Lumber Dealer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Laza Casper

Address, 12 E Lombard

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11713

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 28th April. 1881

4. *Place of Birth, (Street and Number)* 209 east Fayette st

5. *Full Name of Mother,* Lizzie Govan.

6. *Mother's Maiden Name,* dito

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* not known

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return — Mary Stein 151 East Balt

Address,

Remarks, Baltimore Md.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1861 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 25th 1861
4. *Place of Birth, (Street and Number)* [redacted] 11-68 Vine St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Jones
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Not Known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47159

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 8 Apr 28
4. *Place of Birth, (Street and Number)* 18 McEldry court
5. *Full Name of Mother,* pricilla Cole
6. *Mother's Maiden Name,* pricilla Platery
7. *Mother's Birthplace,* Cambridge Dorchester Cond
8. *Full Name of Father,* George Cole
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Hagerstown md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lere Johnson

Address, 18 Short st

Remarks, healthy child

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47160

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Twin
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	29th Ap. 1881
4. *Place of Birth,* (*Street and Number*)	285 E. Pratt St.
5. *Full Name of Mother,*	Hannah Clifford
6. *Mother's Maiden Name,*	" Norton
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Bernard Patrick Clifford
9. *Father's Occupation,*	Church Sexton
10. *Father's Birthplace,*	Ire
Name of Medical Attendant, or other Person who makes this Return.	E. F. Byrne M.D.
Address,	375 E. Balto. St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47161

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th April
4. *Place of Birth, (Street and Number)*	29 E Eager
5. *Full Name of Mother,*	Frances Mathews
6. *Mother's Maiden Name,*	Allen Camp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geore E Mathews
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. DIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1881
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male 2nd
2. *Race or Color, (if not of the white race)* Dark Complexion
3. *Date of Birth,* April 28th 1881
4. *Place of Birth, (Street and Number)* No 4 Stockholin Street
5. *Full Name of Mother,* Sallie Carey
6. *Mother's Maiden Name,* Sallie Johnson
7. *Mother's Birthplace,* Severn River
8. *Full Name of Father,* Henry Carey
9. *Father's Occupation,* Labarer
10. *Father's Birthplace,* West Maland Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Ogly

Address, No 22 Stockhallin Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47163

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28/81
4. *Place of Birth, (Street and Number)* 46 S Chicken St
5. *Full Name of Mother,* Lucy Irene Hardesty
6. *Mother's Maiden Name,* " " Morgan
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* Thomas Gantt Hardesty
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. W. W. Register M.D.

Address, S W Cor Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47164

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28th 1881
4. *Place of Birth, (Street and Number)* 279 McKenny St
5. *Full Name of Mother,* Sarah A Leonard
6. *Mother's Maiden Name,* " " Hurdle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Saml W Leonard
9. *Father's Occupation,* Trimmer
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other Person who makes this Return. W Register Mrs

Address, 17 N Calhoun St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

47165

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 28. 18. 81
4. *Place of Birth, (Street and Number)* No 1. redgray court
5. *Full Name of Mother,* Annie cotmon
6. *Mother's Maiden Name,* Annie jones
7. *Mother's Birthplace,* Eastern shore
8. *Full Name of Father,* Albert cotmon
9. *Father's Occupation,* Brickyard
10. *Father's Birthplace,* Chrysfield

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address, 64 Elbow lane

Remarks, five dollars

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47166

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 28th 1881
4. *Place of Birth, (Street and Number)* 110 York Road
5. *Full Name of Mother* Elizabeth Gliningsee
6. *Mother's Maiden Name* Elizabeth Fauble
7. *Mother's Birthplace* Germany
8. *Full Name of Father* David Gliningsee
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Willegeist

Address 182 E Monument street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 28th 1881.
4. *Place of Birth, (Street and Number)* 92 Druid Hill avenue
5. *Full Name of Mother* Briget Webb
6. *Mother's Maiden Name* Briget Doherty.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Arthur Webb
9. *Father's Occupation* Horseshoer.
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 182 E Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17168 (over)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of child: John Norris Myers, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th apl 1881
4. *Place of Birth, (Street and Number)* 25 McCulloh St.
5. *Full Name of Mother,* Jennie Myers
6. *Mother's Maiden Name,* Starr
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Norris Myers
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. B. W. Owings, M. D.

Address, 214 Madison Ave.

Remarks,

JOHN D. TOY, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore April

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collar
3. *Date of Birth,* 28th April
4. *Place of Birth, (Street and Number)* 92 Plum Alley
5. *Full Name of Mother,* Annie griffen
6. *Mother's Maiden Name,* Annie freeman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfoot freeman
9. *Father's Occupation,* Brick yard
10. *Father's Birthplace,* Kent County

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson 80 Plum Alley

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11770

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 30
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 29th 1881 - at 11 Oclock P.M.
4. *Place of Birth (Street and Number)* 13 Raborg St.
5. *Full Name of Mother* Maggie Broton
6. *Mother's Maiden Name* Maggie Young
7. *Mother's Birthplace* Eastern shore Va,
8. *Full Name of Father* Chas. Broton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md,

Name of Medical Attendant, or other Person who makes this Return. Elvira Harris

Address 2 Pin Alley

Remarks Very fine Child - with a mole in back of head doing well

Extract Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th of April 1851
4. *Place of Birth, (Street and Number)*	No 10 South Chapel street
5. *Full Name of Mother,*	Mary Lord.
6. *Mother's Maiden Name,*	Mary Grug
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhem Nick Grug
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address,	77 North Chapel street per Justina Kunkel
Remarks,	Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29, 1881
4. *Place of Birth (Street and Number)* Parish st No 22
5. *Full Name of Mother* Anney E Englehart
6. *Mother's Maiden Name* Anney E Albiker
7. *Mother's Birthplace* Baltimore C O M D
8. *Full Name of Father* George Albiker
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore C O M D

Name of Medical Attendant, or other Person who makes this Return. Mrs J Kelley ~~[illegible]~~

Address 792 Pratt st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

f Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

x, (state whether male or female) mail

ace or Color, (if not of the white race) Color

ate of Birth, april the 29 1881

lace of Birth, (Street and Number) 310 mongumy St

ull Name of Mother, Mary Blith

other's Maiden Name, Mary Blith

other's Birthplace, West India

ull Name of Father, J William Blith

ther's Occupation, a Cooke

ther's Birthplace, West India

ame of Medical Attendant, or other Person who makes this Return Lucy Sidney

ddress, No 1 fortappa avenue

emarks,

PRINTERS AND STATIONERS

Extract Regulations of the Board of Health [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47174

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 29 1881
4. *Place of Birth, (Street and Number)* Fort Avenue
5. *Full Name of Mother* Elen fitzgerls
6. *Mother's Maiden Name* Elen Regfitin ~~fitzgerls~~
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Jeffery fitzgerls
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return.

Address Migie Ettel

Remarks No 13 Cubica St

Extract Regulations of the Board of Health to secure a full and correct

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47175

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 29 1881
4. *Place of Birth, (Street and Number)* Cookes St
5. *Full Name of Mother* Rosa Hilman
6. *Mother's Maiden Name* Rosa Bing
7. *Mother's Birthplace* Germna
8. *Full Name of Father* Henry Bing
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germna

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address No 13 Cubia Street

Remarks

RETURN OF A BIRTH 14776

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 3
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29th 1881
4. *Place of Birth, (Street and Number)* 63 S. Eden st
5. *Full Name of Mother,* Lizzie Gregory
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm Gregory
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mary Stein 151 east Pratt

Remarks, St. Baltimore Md.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47177

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29th 81
4. *Place of Birth, (Street and Number)* # 4 Mc. Henry St
5. *Full Name of Mother,* Caroline Cole
6. *Mother's Maiden Name,* Caroline Schneider
7. *Mother's Birthplace,* 1. 2. John H. Cole
8. *Full Name of Father,* 2. ~~Baltimore~~ 1. Catonsville Md.
9. *Father's Occupation,* Sign & House painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Wroh

Address, 328 S. Eutaw St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	April 29. 1881.
4. *Place of Birth (Street and Number)*	195 Jefferson St.
5. *Full Name of Mother*	Ella Haines,
6. *Mother's Maiden Name*	Ella Bayliss,
7. *Mother's Birthplace*	Maryland,
8. *Full Name of Father*	Henry Clay Haines
9. *Father's Occupation*	Bookseller
10. *Father's Birthplace*	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck M.D.
Address	75. E. Balt. St.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47179

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Childson

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of April 1881
4. *Place of Birth, (Street and Number)* No 179 West St
5. *Full Name of Mother,* Emma Martin
6. *Mother's Maiden Name,* Emma Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Martin
9. *Father's Occupation,* Kupper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Jacobs

Address, Mass West. Bal.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47180

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	29 April 1881
4. *Place of Birth (Street and Number)*	283 Battery Ave
5. *Full Name of Mother*	Anna Koch
6. *Mother's Maiden Name*	Anna Demme
7. *Mother's Birthplace*	Preussen Germania
8. *Full Name of Father*	John Koch
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace*	Kurhessen Germania
Name of Medical Attendant, or other Person who makes this Return.	Conaway
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11/151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 29th 1881

4. *Place of Birth, (Street and Number)* No 337 Sharp st

5. *Full Name of Mother,* Josephine Gundina

6. *Mother's Maiden Name,* Doll

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Louis Gundina

9. *Father's Occupation,* Lithograph

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Lobengeier midwife

Address, 330 Hanover st.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 4
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29th
4. *Place of Birth (Street and Number)* 353 Sharp st
5. *Full Name of Mother* Marie Kirk
6. *Mother's Maiden Name* Marie Hopkins
7. *Mother's Birthplace* St. Mary County Md
8. *Full Name of Father* William Kirk
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Florida

Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis

Address 162 Hanover st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4.7183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of April 1881
4. *Place of Birth, (Street and Number)* No 19 Burk st
5. *Full Name of Mother,* Maggie Jones
6. *Mother's Maiden Name,* Marshell
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robert Jones
9. *Father's Occupation,* Baltimore Machinist Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Wiley

Address. No 12 Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

471814

HEALTH DEPARTMENT
MAY
6
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 29 1881
4. *Place of Birth* (Street and Number)	352 E Eutaw
5. *Full Name of Mother*	Sophia ~~Heine~~ Hagel
6. *Mother's Maiden Name*	~~Germany~~ Heine
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Geo Van Hagel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M D
Address	8 N Eutaw Street
Remarks	Forceps delivery

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29th 1881
4. *Place of Birth (Street and Number)* 446 Madison Av.
5. *Full Name of Mother* Rachael B Hazlehurst
6. *Mother's Maiden Name* R. B. Kimberly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* A. Hazlehurst
9. *Father's Occupation* Broker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Miltenberger

Address 121 W. Monument

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21 1881
4. *Place of Birth (Street and Number)* Balto St 2nd Door from Schroder
5. *Full Name of Mother* Ophelia Lowenthal
6. *Mother's Maiden Name* Ophelia Wise
7. *Mother's Birthplace* Natchez Miss
8. *Full Name of Father* Nachman Lowenthal
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman M.D.

Address 175 N. Carey St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT MAY BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 29 1881
4. *Place of Birth* (Street and Number) No 4 Eichman court
5. *Full Name of Mother* Sarah Stokely
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Talbot county
8. *Full Name of Father* James Stokely
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Talbot county

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address Mary Chase

Remarks residence No 11 Bridal court

RETURN OF A BIRTH

4718 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 30th 1881
4. *Place of Birth, (Street and Number)* 55 Block St
5. *Full Name of Mother,* Margaretha Strobel
6. *Mother's Maiden Name,* " Toll
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Strobel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 30th
4. *Place of Birth, (Street and Number)* 235 Gough St
5. *Full Name of Mother* Elizabeth Scheffernicker
6. *Mother's Maiden Name* " Piller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Scheffernicker
9. *Father's Occupation* Clerck
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address

Remarks

RETURN OF A BIRTH

47190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 30 April 1881

4. *Place of Birth, (Street and Number)* 116 Low St

5. *Full Name of Mother,* Babbette Steckman

6. *Mother's Maiden Name,* Hourbesch

7. *Mother's Birthplace,* Prämen

8. *Full Name of Father,* John Steckman

9. *Father's Occupation,* Wood Carver

10. *Father's Birthplace,* Bramen

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Ulbig

Address, 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47191

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 30th 1 Oclock A m 1881
4. *Place of Birth, (Street and Number)* 44 Burgundy Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Barney
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Not Known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4/192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20 April

4. *Place of Birth, (Street and Number)* 15 Eichbard

5. *Full Name of Mother,* Henriette Doren

6. *Mother's Maiden Name,* Oberste

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Hartman Doren

9. *Father's Occupation,* Workman

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Caspar

Address, 15 Eichbard

Remarks,

Extract from Regulations of the Board of Health relating to the correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4-7193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2-

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 30 april 81.
4. *Place of Birth (Street and Number)* 195 East St
5. *Full Name of Mother* Mary a Bryan
6. *Mother's Maiden Name* " " Bridge.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* L. F. Bryan
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 132 N Exeter St.

Remarks

RETURN OF A BIRTH

11/1911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 30th 1881 5 Oclock A m
4. *Place of Birth, (Street and Number)* 71 Wane St
5. *Full Name of Mother,* Ann Amelia Tyson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Tyson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

Extract Regulations of the Board of Health.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

14795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 30th 1894
4. *Place of Birth (Street and Number)* 16 Walnut Alley
5. *Full Name of Mother* Fannie Baker
6. *Mother's Maiden Name* Fannie Lawrence
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Conrad Guy Baker
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

47196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Twin

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 30/81
4. *Place of Birth (Street and Number)* 54 S. Eden
5. *Full Name of Mother* Mary Ella Luddington
6. *Mother's Maiden Name* Mary Ella Collison
7. *Mother's Birthplace* Easton, Talbot Co. Md.
8. *Full Name of Father* Lewis E. Luddington
9. *Father's Occupation* Ag Tr Jeaker
10. *Father's Birthplace* New Haven, Conn.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 77 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47197
~~47198~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (Twin)

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 30th 1881
4. *Place of Birth (Street and Number)* 54 So. Eden
5. *Full Name of Mother* Mary Etta Luddington
6. *Mother's Maiden Name* Mary Etta Collison
7. *Mother's Birthplace* Easton, Talbot Co. Md.
8. *Full Name of Father* Lewis E. Luddington
9. *Father's Occupation* Oyster Peaker
10. *Father's Birthplace* New Haven, Conn.

Name of Medical Attendant, or other Person who makes this Return. G. L. Williams

Address 77 So. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47199

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30 1881
4. *Place of Birth, (Street and Number)* No 257 Foremond Street
5. *Full Name of Mother,* Annie Lutz
6. *Mother's Maiden Name,* Annie Melcher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lutz
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmitt No 528 Penna Avenue

Address,

Remarks,

Extract Regulations of the Board of Health to secure a full Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 11/200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 30 R
4. *Place of Birth, (Street and Number)* 160 S Ann St
5. *Full Name of Mother* Mannie Brenner
6. *Mother's Maiden Name* Mannie Growley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Brenner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Lamb

Address 19 Lancaster St

Remarks

RETURN OF A BIRTH

47202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 April
4. *Place of Birth, (Street and Number)* N 248 William St
5. *Full Name of Mother,* Mary Burns
6. *Mother's Maiden Name,* Mary Sallis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sabina Ingrahe

Address, No 125 West St. Bal.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White,
3. Date of Birth	April 30. 1881.
4. Place of Birth (Street and Number)	53 N Poca St.
5. Full Name of Mother	Laura F. Schaeffer
6. Mother's Maiden Name	Andrews.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles F. J. Schaeffer
9. Father's Occupation	Barber.
10. Father's Birthplace	Berlin,
Name of Medical Attendant, or other Person who makes this Return.	Dr Myerpaw
Address	175 Lombard St.
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11/2011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 30th 1881.
4. *Place of Birth, (Street and Number)*	3 S Carrollton Ave.
5. *Full Name of Mother,*	Lillie Emma Marsh.
6. *Mother's Maiden Name,*	Lillie Emma Webb.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Eli Thatcher Marsh.
9. *Father's Occupation,*	Fireman, B & O R.R.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John L Pennington, M.D.
Address,	134 N Carrollton Ave.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30
4. *Place of Birth, (Street and Number)* 857 W. Balto St
5. *Full Name of Mother,* Adeline Reus
6. *Mother's Maiden Name,* Adeline Zutgraf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Reus
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dumbar

Remarks, No. 60 Shroeder St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether Male or Female) Female Mary Elsie

2. Race or Color (if not of the white race) White

3. Date of Birth ~~E E Charles W. Ave~~ Apr 30th 1881

4. Place of Birth (Street and Number) E E Charles W Ave

5. Full Name of Mother Eliza Hoblitzell

6. Mother's Maiden Name E. Woodside

7. Mother's Birthplace Balt

8. Full Name of Father Oliver Hoblitzell

9. Father's Occupation Lift P R R

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J W Mittenberger

Address 1 E W, Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47207

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30/81
4. *Place of Birth, (Street and Number)* Cor Fulton & Dover Sts
5. *Full Name of Mother,* Mary E. Mitchell
6. *Mother's Maiden Name,* " " Brashears
7. *Mother's Birthplace,* Prince Georges Co. Md
8. *Full Name of Father,* Wm R. Mitchell
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Prince Georges Co. Md

Name of Medical Attendant, or other Person who makes this Return. W. G. Register Mrs

Address, Cor Lafayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN R. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1881
4. Place of Birth (Street and Number)	594 Hanover Ave
5. Full Name of Mother	Louisa Clay
6. Mother's Maiden Name	Lupp
7. Mother's Birthplace	Germany
8. Full Name of Father	August Clay
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. B. Billingslea, M.D.
Address	256 E. John st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 30th 1881
4. *Place of Birth (Street and Number)* 339 E Eager st
5. *Full Name of Mother* Bettie ~~Howell~~ Channing
6. *Mother's Maiden Name* Garrett
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* W. B. Channing
9. *Father's Occupation* Agent for Commissioner House
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address 256 E John

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47210

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11ter Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 30ten April
4. *Place of Birth, (Street and Number)* No 76 Bank St
5. *Full Name of Mother,* Anna Schmidt
6. *Mother's Maiden Name,* Anna Häut
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Schmidt
9. *Father's Occupation,* Maschinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas St Kaufmann

Remarks, Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 11211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 12 1
FILED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April 21st 1881.
4. *Place of Birth, (Street and Number)* 4 Madison street
5. *Full Name of Mother* Elizabeth Mc" Manus.
6. *Mother's Maiden Name* Elizabeth Linden
7. *Mother's Birthplace* Ireland,
8. *Full Name of Father* John, T. Mc" Manus.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Neil O'Hillegrist.

Address 162 6 Monument street

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 30th 1881

HEALTH DEPARTMENT APR 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30th 1881.
4. *Place of Birth, (Street and Number)* 141 S. Wolfe Street
5. *Full Name of Mother,* Katie Stoos.
6. *Mother's Maiden Name,* Katie Trautmann
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Stoos.
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Amend.

Address, 137 South Wolfe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* April 15, 1881
4. *Place of Birth (Street and Number)* 157 W. Biddle
5. *Full Name of Mother* Louisa G. Johnson
6. *Mother's Maiden Name* " " Powell
7. *Mother's Birthplace* md
8. *Full Name of Father* J. Thomas Johnson
9. *Father's Occupation* Grocer
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanahill MD

Address 129 W. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47214

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th April
4. *Place of Birth, (Street and Number)* 100 Washington road
5. *Full Name of Mother,* Lizzie Seifert
6. *Mother's Maiden Name,* " Fulks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Seifert
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return C. S. Buddenbohn M.D.

Address, 166. S. Paca st.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25th 1881
4. *Place of Birth, (Street and Number)*	952 N. Baltimore
5. *Full Name of Mother,*	Emily Maryland
6. *Mother's Maiden Name,*	" Hendricks
7. *Mother's Birthplace,*	Queen Annes County Md
8. *Full Name of Father,*	Daniel Maryland
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Saunders
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47216

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th
4. *Place of Birth, (Street and Number)* 160 Preston st
5. *Full Name of Mother,* Lizzie Wilhelm
6. *Mother's Maiden Name,* " Weigel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Wilhelm
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return V. L. Buddenbo Lm M.D.

Address, 166 S. Paca st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29
4. *Place of Birth, (Street and Number)*	860 W Pratt St
5. *Full Name of Mother,*	Augusta Dabrasky
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Georgl Dabrasky
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Dunkler
Remarks,	No 60 Schroeder St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27 ult March

4. *Place of Birth, (Street and Number)* 42 East st

5. *Full Name of Mother,* Annie Karch

6. *Mother's Maiden Name,* " Baer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Karch

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr L Buddenbohn M. D.

Address, 166 S. Paca st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

47219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female)	Female
Race or Color (if not of the white race)	White
3. Date of Birth	March 11/8'
4. Place of Birth (Street and Number)	178 N. Arlington Ave
5. Full Name of Mother	Emma V. White
6. Mother's Maiden Name	Carver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. J. White
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address	39 N Carey St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47220

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Colard
1. *Sex, (state whether male or female)*	18 April 1881
2. *Race or Color, (if not of the white race)*	Welcome Alley
3. *Date of Birth,*	Alic Lannon
4. *Place of Birth, (Street and Number)*	Alic Griffin
5. *Full Name of Mother,*	Baltimore md
6. *Mother's Maiden Name,*	Thomas Lannon
7. *Mother's Birthplace,*	Oyster Thicher
8. *Full Name of Father,*	Kent Island
9. *Father's Occupation,*	female Rosedey Lannon
10. *Father's Birthplace,*	Annie Johnson
Name of Medical Attendant, or other Person who makes this Return.	no 330 Plum Alley
Address,	no 326 hamburg between Eutaw and Pine
Remarks,	

JOHN P. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Name of Child: Arthur Edward Evens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21, 1881
4. *Place of Birth, (Street and Number)* 398 Lanvale St
5. *Full Name of Mother,* Henrietta Evens
6. *Mother's Maiden Name,* " Hill
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* John F. Evens
9. *Father's Occupation,* Insurance Agent
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address, 367 1/2 Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) No 4

1. *Sex,* (*state whether* ~~male~~ *or female*)
2. *Race or Color,* (*if not of the white race*) Colrd
3. *Date of Birth,* April 22nd 1881
4. *Place of Birth,* (*Street and Number*) Madison Alley No 11
5. *Full Name of Mother,* Catharine Jayton Jefferson
6. *Mother's Maiden Name,* Catharine Jayton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Zacharias Jefferson
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 n Eutaw st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apl 27/81
4. *Place of Birth (Street and Number)* 601 Lexington St
5. *Full Name of Mother* Eliza Dunlop
6. *Mother's Maiden Name* Gorman.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jas. O. Dunlop
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address 39 N. Carey St.

Remarks

RETURN OF A BIRTH

4722 24

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born the 27 day of April

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* No 201 pensilvania avenue
5. *Full Name of Mother,* Barbra M Getline
6. *Mother's Maiden Name,* Barbra M Wopmon
7. *Mother's Birthplace,* born in Baltimore
8. *Full Name of Father,* George Getline
9. *Father's Occupation,*
10. *Father's Birthplace,* Saugenstain out of biesern

Name of Medical Attendant, or other Person who makes this Return Mrs Dunbar

Address, No 60 Schroeder St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8

1. *Sex,* (state whether ~~male~~ or female)
2. *Race or ~~Color~~,* (if not of the white race)
3. *Date of Birth,* April 30, 1881
4. *Place of Birth,* (Street and Number) 9 Biddle St near McDonough
5. *Full Name of Mother,* Annie Nelson
6. *Mother's Maiden Name,* Fails, Reed
7. *Mother's Birthplace,* " Boland
8. *Full Name of Father,* Alexander Nelson
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other Person who makes this Return. W. B. White M.D.

Address, 34 S. Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* 2 Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1. 1881.
4. *Place of Birth (Street and Number)* no 101 parish St Baltimore
5. *Full Name of Mother* Sarah R. Clark
6. *Mother's Maiden Name* Sarah R. Robinson
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Charles G. Clark
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelley

Address 792 1/2 pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fivth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 1st
4. *Place of Birth, (Street and Number)* 332 Bank St
5. *Full Name of Mother* Anna Langhorst
6. *Mother's Maiden Name* " Penschmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Langhorst
9. *Father's Occupation* Potter
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address

Remarks

47228

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Louis Lohrfink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ond
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday May 1st 1881
4. *Place of Birth, (Street and Number)*	187 Forrest St
5. *Full Name of Mother,*	Mary (~~Lohfink~~) Lohrfink
6. *Mother's Maiden Name,*	Mary Carnan
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	John (~~Lohfink~~) Lohrfink
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address,	25 1/2 Greenmount Ave
Remarks,	Vertex Presentation

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH OFFICE JUN 3 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER

RETURN OF A BIRTH 47229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1st 1881
4. *Place of Birth, (Street and Number)* 284 S Dallas st
5. *Full Name of Mother,* Katherine Sanders
6. *Mother's Maiden Name,* " Lanz
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Ludwig Sanders
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st of ~~May~~ first child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of May
4. *Place of Birth, (Street and Number)*	No 33. North Paca St.
5. *Full Name of Mother,*	Mrs. Dr Anna Müller
6. *Mother's Maiden Name,*	Mrs Anna Meletor
7. *Mother's Birthplace,*	Schelitz Bavaria
8. *Full Name of Father,*	Mr Andreas Müller
9. *Father's Occupation,*	Restaurant Keeper
10. *Father's Birthplace,*	Bödeldorf Bavaria
Name of Medical Attendant, or other Person who makes this Return	Mr Seibach. No 439 W. Pratt St.
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47232

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 1st 1881
4. *Place of Birth, (Street and Number)* 847 Co Bath St
5. *Full Name of Mother,* Alice Snowden
6. *Mother's Maiden Name,* Alice Russell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Evans Snowden
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cook Mt

Address, 146 S Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 2 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday May 1 1881
4. *Place of Birth, (Street and Number)* 104 Tyson St. Baltimore Md
5. *Full Name of Mother,* Jennie Roth
6. *Mother's Maiden Name,* Jennie
7. *Mother's Birthplace,* Sant Marys County
8. *Full Name of Father,* Samuel Johns
9. *Father's Occupation,* Col Common
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Chew

Address, No. 94 Tyson St Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47234

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colorado ~~May the 1 18.81~~
3. *Date of Birth,* ~~York ave No 188~~ May the 1 18.81
4. *Place of Birth, (Street and Number)* York ave No 188
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Mesmoland [illegible]
8. *Full Name of Father,* [illegible] Buxton
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* Rhmen [illegible]

Name of Medical Attendant, or other Person who makes this Return. Mary E. [illegible]

Address, 91 Tyson St Baltimore, Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 4 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of May.
4. *Place of Birth, (Street and Number)* 15 Henry St.
5. *Full Name of Mother,* Louisa Haas.
6. *Mother's Maiden Name,* Louisa Schlack.
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Martin Haas.
9. *Father's Occupation,* Glass-blower.
10. *Father's Birthplace,* Prussia.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47236

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 1st 1881.
4. *Place of Birth, (Street and Number)* No 132 Penns. Ave
5. *Full Name of Mother* Bella Very
6. *Mother's Maiden Name* Bella Ashton
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* John Charles Very
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Bacon M.D.

Address

Remarks

47237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First —
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	May 1st 1881
4. *Place of Birth (Street and Number)*	No 333 N. Ann
5. *Full Name of Mother*	Elizabeth Estella Hessent
6. *Mother's Maiden Name*	Elizabeth Estella Hessent
7. *Mother's Birthplace*	Harde de Grace Maryland —
8. *Full Name of Father*	Chas Wallis Hessent
9. *Father's Occupation*	Broom maker
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jennie Miller MD
Address	179 E. Monument St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47238

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1, 1881
4. *Place of Birth, (Street and Number)* 209 E. Lombard St.
5. *Full Name of Mother,* Theresa F. Padgett
6. *Mother's Maiden Name,* " " Schoolden,
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Geo. Jr. Padgett,
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Luck Jr. D.

Address, Balt. & Wash. Cts.

Remarks, Natural

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1891
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 May
4. *Place of Birth, (Street and Number)* 110 N Bond
5. *Full Name of Mother,* Mari Forri
6. *Mother's Maiden Name,* Dehley
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Peter Forri
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Gaither

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

47240

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st May
4. *Place of Birth, (Street and Number)* 314 S. Paca st
5. *Full Name of Mother,* Lizzie Polster
6. *Mother's Maiden Name,* " Gumbmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Polster
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — C. L. Buddenbohn M.D.

Address, 16 6. S. Paca st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47241

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1881
4. *Place of Birth, (Street and Number)* 127 Hudson St
5. *Full Name of Mother,* B. R. Stosner
6. *Mother's Maiden Name,* Barbara Richler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Stosner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simm

Address, # 171 S. Washington St.

Remarks,

JOHN D. FIET, PRINTER & STATIONER, BALT.

47242

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1931 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 1ten Mai
4. *Place of Birth, (Street and Number)* No 35 Block Str
5. *Full Name of Mother,* Eäurle Schärry Wackry
6. *Mother's Maiden Name,* Eaurle Schärry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Schirr Wackry
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks, Hemme

JOHN B. PIET, PRINTER & STATIONER, BALT.

47243

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Mai
4. *Place of Birth, (Street and Number)* 203 N. Durham St.
5. *Full Name of Mother,* Maria Petrik
6. *Mother's Maiden Name,* " " Cihák.
7. *Mother's Birthplace,* Křevovic Bohemia
8. *Full Name of Father,* Václav Petrik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Stehlovic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefina Konrad

Address, 20 Barnes St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17211-14

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 18th 1881
4. *Place of Birth, (Street and Number)* No 67 Monument St
5. *Full Name of Mother* Barbra Eggenberger
6. *Mother's Maiden Name* Barbra McKan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Philipp Eggenberger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C McNaught

Address 345 Penna

Remarks

RETURN OF A BIRTH

11,721.5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black.

3. *Date of Birth,* May 2nd 1887

4. *Place of Birth, (Street and Number)* 161 W Lombard St "Maternite"

5. *Full Name of Mother,* Mary Briscoe

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* ~~———~~

9. *Father's Occupation,* ~~———~~

10. *Father's Birthplace,* ~~———~~

Name of Medical Attendant, or other Person who makes this Return L L Butting M.D.

Address. 161 W. Lombard

Remarks,

HEALTH DEPARTMENT MAY 3 1887 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

49246
47246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2d
4. *Place of Birth, (Street and Number)* 42 Stockton
5. *Full Name of Mother,* Fenn Bridle
6. *Mother's Maiden Name,* " Mills
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bridle
9. *Father's Occupation,* Ice Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G H Norris M.D.

Address, Cor Stucker Pressman

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47247

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 10 t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 2. 1881
4. *Place of Birth, (Street and Number)* Oliver str No 369
5. *Full Name of Mother,* Johanny Thomann
6. *Mother's Maiden Name,* Jauck
7. *Mother's Birthplace,* Wittenberg
8. *Full Name of Father,* Georg Thomann
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Wittenberg

Name of Medical Attendant, or other Person who makes this Return Mrs Johanny Raubach

Address, S. Wolfstr No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

17248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 6 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fifth Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 day of May
4. *Place of Birth, (Street and Number)* Baltimo Co. st. Street No 13
5. *Full Name of Mother,* Sarah Donnelson
6. *Mother's Maiden Name,* Sarah Beal
7. *Mother's Birthplace,* Frederick County Md.
8. *Full Name of Father,* George Donnelson
9. *Father's Occupation,* Talonner
10. *Father's Birthplace,* Prince Georges County Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Donnely

Address, Little Pratt Street No 18

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47249

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May the 2 1881
4. *Place of Birth, (Street and Number)* Elizabeth a. lee
5. *Full Name of Mother,* ~~Elizabeth a. lee~~ Elizabeth a. lee
6. *Mother's Maiden Name,* Elizabeth a lee
7. *Mother's Birthplace,* Baltimore. Md
8. *Full Name of Father,* george a. lee
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Culpepper Courthouse

Name of Medical Attendant, or other Person who makes this Return. Mary E. Chew

Address, N. W. Tyson & St Baltimore

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47250

THE HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2nd May
4. *Place of Birth (Street and Number)*	Baltimore No 4 Concord St
5. *Full Name of Mother*	Mary Roddy
6. *Mother's Maiden Name*	Mary Horton
7. *Mother's Birthplace*	Ireland Baltimore
8. *Full Name of Father*	John J Roddy
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace*	Roscommon Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jack Mooney
Address	331 Augusta st
Remarks	

47251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2cd 1881
4. *Place of Birth, (Street and Number)* No 176. N. Bond
5. *Full Name of Mother,* Lizzie Plitt
6. *Mother's Maiden Name,* Lizzie Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Plitt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Hessen Darmstate

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt.

Address, No. 185. S.E. cor Central av. & Monument St.

Remarks, ~~Att~~ + Child lived one day died May 3rd 1881

Heads of Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 2nd 1881
4. *Place of Birth* (Street and Number)	# 100 South Bethel St.
5. *Full Name of Mother*	Emma Day
6. *Mother's Maiden Name*	Emma Ware
7. *Mother's Birthplace*	Charles County Md
8. *Full Name of Father*	Jonas Day
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Leaden
Address	
Remarks	

RETURN OF A BIRTH.

47253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 7 1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) George Burke 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 2th may
4. *Place of Birth (Street and Number)* 108 Lusters Court
5. *Full Name of Mother* Gracie ann Lee
6. *Mother's Maiden Name* Rosetta Galway
7. *Mother's Birthplace* Colvied County
8. *Full Name of Father* George Burke
9. *Father's Occupation* Steward & north cur line
10. *Father's Birthplace* Colvied County

Name of Medical Attendant, or other Person who makes this Return. Rosetta Galway

Address York Street Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

472674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 9 1931

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 2nd 1881
4. *Place of Birth, (Street and Number)* 119 Welcome ally Balto Md
5. *Full Name of Mother,* Elizabeth Jane Hall
6. *Mother's Maiden Name,* Elizabeth Jane Martin
7. *Mother's Birthplace,* Rockville. Maryland
8. *Full Name of Father,* Thomas Isaac Hall
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Milly Gross.

Address, 181 Yarks Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 2 1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 Child

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* the 2 of May the yare of 1881
4. *Place of Birth, (Street and Number)* S. Harwood Street No. 185.
5. *Full Name of Mother,* Adline Knox
6. *Mother's Maiden Name,* Adline colorn
7. *Mother's Birthplace,* Eston
8. *Full Name of Father,* O. T. Knox
9. *Father's Occupation,* Steve down on the roof
10. *Father's Birthplace,* Ester

Name of Medical Attendant, or other Person who makes this Return. Hilley Knox

Address, 181 Park street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. *Sex, (state whether ~~male~~ or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 2nd 1881

4. *Place of Birth, (Street and Number)* 224 Clifton Place

5. *Full Name of Mother,* Maggie Maria Rogers

6. *Mother's Maiden Name,* Maggie Maria Beckmyer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Commings Rogers

9. *Father's Occupation,* Collector

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo H Wagner

Address, #18 Forquith St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or ~~female~~)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 2nd 1881

4. *Place of Birth, (Street and Number)* 116 N Bond St

5. *Full Name of Mother,* Isebella Cloud Gravenstine

6. *Mother's Maiden Name,* Isabella Cloud Gravenstine

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Francis Gravenstine

9. *Father's Occupation,* Hackman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo W Wayson

Address, # 18 Asquith St

Remarks,

HEALTH DEPARTMENT MAY 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd " May
4. *Place of Birth, (Street and Number)* 98 South Howard st.
5. *Full Name of Mother,* Emma Pledge
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Pledge
9. *Father's Occupation,* Boat man
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address, 124 Warner st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd May
4. *Place of Birth, (Street and Number)* 194 Eutaw
5. *Full Name of Mother,* Emma Duly
6. *Mother's Maiden Name,* " Fury
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bert Duly
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 194 Warner st

Remarks,

HEALTH DEPARTMENT MAY 1 1897 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

47260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1881
4. Place of Birth (Street and Number) 206 Hanover St
5. Full Name of Mother Catharine Bothman
6. Mother's Maiden Name C. Borcherding
7. Mother's Birthplace Baltimore
8. Full Name of Father C. Bothman Jr
9. Father's Occupation Jeweller
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitterberger

Address 1[illegible] Wellington Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11,261

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* Black.
3. *Date of Birth* May 2d 1881
4. *Place of Birth (Street and Number)* 678 New Church Al.
5. *Full Name of Mother* Betty Brown.
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Anne Arundel Co. Md.
8. *Full Name of Father* Unknown.
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. James Brown M.D.

Address #110 N. Eutaw St.

Remarks both mother & child doing well. Natural labor.

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11726?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 8 tho

1. *Sex,* (*state whether male or female*) Male,
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* May 2. 1881
4. *Place of Birth,* (*Street and Number*) 4 S. Bond St.
5. *Full Name of Mother,* Annetta Calvert Phillips
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Justus Calvert
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. H. H. Kurtz M.D.

Address, Balt. & Frank. sts.

Remarks, Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47263.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT
MAY
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* Waid
3. *Date of Birth,* 2 of May
4. *Place of Birth, (Street and Number)* Baden Avenü
5. *Full Name of Mother,* Leri Günebaman
6. *Mother's Maiden Name,* Straub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Straub
9. *Father's Occupation,* Brauer
10. *Father's Birthplace,* Baier

Name of Medical Attendant, or other Person who makes this Return. Katrina Lenk

Address,

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

Ouw

472644

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 27 1881

Name: Anna Agnes Lindt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Mai
4. *Place of Birth, (Street and Number)* 299 N. Canal St.
5. *Full Name of Mother,* Josephine (~~Josefine~~) (~~Lind~~) Lindt
6. *Mother's Maiden Name,* " " (~~[illegible]~~) Killmeier
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. (~~Lind~~) Lindt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

47265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 31st of may
4. *Place of Birth (Street and Number)* No 5 West alley opposite Sterling
5. *Full Name of Mother* Lizzie Borton
6. *Mother's Maiden Name* Lizzie Bond
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* James Lewis Borton
9. *Father's Occupation* Brakeman
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden

Address 33 & No Asquith St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 3. 1881
4. *Place of Birth (Street and Number)*	N.E. Corner John & Caroline St
5. *Full Name of Mother*	Estelle R. Snow
6. *Mother's Maiden Name*	Estelle R. Moore
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	William J. Snow.
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hencke M.D.
Address	95 E. Baltimore St
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 31 1881.
4. *Place of Birth (Street and Number)*	7 N. Mount St.
5. *Full Name of Mother*	Maria T. Riley
6. *Mother's Maiden Name*	Lewis
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Samuel H. Riley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins St.
Remarks	Fine large Child

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47268

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 3 1881
4. *Place of Birth, (Street and Number)*	343 E. Balt. St. cor. Annex
5. *Full Name of Mother,*	Susie Meridee McComas Vernon
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	David Street McComas,
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Jarrettsville Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rusk M.D.
Address,	Balt. & Wash. Sts.
Remarks,	Natural,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4729

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 3rd 1881
4. *Place of Birth, (Street and Number)*	No 244 N.E. cor Madison & Spring sts
5. *Full Name of Mother,*	Augusta ~~Crow~~ Crow
6. *Mother's Maiden Name,*	Augusta Hiller
7. *Mother's Birthplace,*	Norfolk Virginia
8. *Full Name of Father,*	Henry Crow
9. *Father's Occupation,*	Tanner
10. *Father's Birthplace,*	Trenton New Jersey.
Name of Medical Attendant, or other Person who makes this Return,	Mrs M. A. Butt
Address,	No 185. S.E. cor Central av. & Monument St.
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47270

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 3. 1881.
4. *Place of Birth* (Street and Number)	57 Cornelius St
5. *Full Name of Mother*	Mary A. Stiles,
6. *Mother's Maiden Name*	Page,
7. *Mother's Birthplace*	Frederick City, Md
8. *Full Name of Father*	Wm Lee Stiles,
9. *Father's Occupation*	Dentist,
10. *Father's Birthplace*	Balto. City,
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M. D.
Address	247 Lanvale St
Remarks	

47271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth May 3rd 1881
4. Place of Birth (Street and Number) S. W. Cor Bond & Madison Ave
5. Full Name of Mother Elizabeth Gracey
6. Mother's Maiden Name " Eble
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. R. Gracey
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William L Russell M D

Address Broadway & Madison Ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47272

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 3d 1881
4. *Place of Birth, (Street and Number)* 21 S. Register St
5. *Full Name of Mother,* Emiline Johnson
6. *Mother's Maiden Name,* Emiline Brown
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Western Shore Md

Name of Medical Attendant, or other Person who makes this Return. Wm Leah Hacker

Address, No. 15 S. Duncan Alley

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 47273

47273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 3 1881
4. *Place of Birth, (Street and Number)* Towsend Street
5. *Full Name of Mother* L. L. Knoch
6. *Mother's Maiden Name* L. L. Heins
7. *Mother's Birthplace* Schleiz Germna
8. *Full Name of Father* Henrik W. Knoch
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Schleiz Germna

Name of Medical Attendant, or other Person who makes this Return. Magie Ettel

Address No 13 Cubia Street

Remarks Locust Point No 6

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

47274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 3 May

4. *Place of Birth, (Street and Number)* 56 S Exeter

5. *Full Name of Mother,* Caroline Linsee

6. *Mother's Maiden Name,* Inlet

7. *Mother's Birthplace,* Balt Md

8. *Full Name of Father,* Richard Linsee

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Harper

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 3, 1881.
4. *Place of Birth, (Street and Number)* E. Lombard St. No 177
5. *Full Name of Mother,* Elizabeth Fannholt
6. *Mother's Maiden Name,* Elizabeth Fach
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William S. Fannholt
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Port Royal, Virginia U. S.

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47276

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2 1881
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Mary E. [illegible]
6. *Mother's Maiden Name,* Murray
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Alford E. [illegible]
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 3d 1881
4. Place of Birth (Street and Number) No 12 Ensor Street
5. Full Name of Mother Minnie Long
6. Mother's Maiden Name Minnie Beyersdorf
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frank M. Long
9. Father's Occupation Varnisher
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Whiteford M.D.

Address #195 Aisquith St

Remarks Physical Condition Good Labor natural

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 3rd 1881
4. *Place of Birth, (Street and Number)* 232. Chew street
5. *Full Name of Mother* Mary Ann Galbreath
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* England
8. *Full Name of Father* Wm Galbreath
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balt city

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner M.D.

Address 474. N Gay street

Remarks

RETURN OF A BIRTH 11779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd May 1881
4. *Place of Birth, (Street and Number)* Balto Hanover st No 26
5. *Full Name of Mother,* Boza Katrla
6. *Mother's Maiden Name,* Boza Struskava
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Katrla
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Moravia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptist

Address, 69 Washington st

Remarks, Mary Kaptist

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

17250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1891 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 May 1891
4. *Place of Birth, (Street and Number)* Balto. Washington st No 127
5. *Full Name of Mother,* Barbara Slivka
6. *Mother's Maiden Name,* Barbara Novak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Slivka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplist

Address, 69 Washington st

Remarks, Mary Koplist

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd May 1881
4. *Place of Birth, (Street and Number)* Balto Camden st No 78
5. *Full Name of Mother,* Anna Prokes
6. *Mother's Maiden Name,* Anne Prokes
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Prokesh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptist

Address, 69 Washington st

Remarks, Mary Koptist

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

17282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3. 81
4. Place of Birth (Street and Number)	535 Franklin st
5. Full Name of Mother	Ella True Thomas
6. Mother's Maiden Name	" " Blades
7. Mother's Birthplace	Talbot Co. Md
8. Full Name of Father	J. H. Thomas
9. Father's Occupation	Hotel clerk
10. Father's Birthplace	Talbot Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. King, M.D
Address	215 N. Carrollton ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.7283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 3 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4 1881.
4. *Place of Birth (Street and Number)*	100 S. Fulton St.
5. *Full Name of Mother*	Maggie D. Zepp
6. *Mother's Maiden Name*	Galloway
7. *Mother's Birthplace*	Ohio
8. *Full Name of Father*	John A. Zepp
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins St.
Remarks	small but well formed child

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether ~~Male or Female~~) Male
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* May 4th 1881
4. *Place of Birth* (Street and Number) 20 Bolton
5. *Full Name of Mother* Rosa Woodland
6. *Mother's Maiden Name* " Cowan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Woodland
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson

Address 261 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children .

RETURN OF A BIRTH

17285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1881
4. *Place of Birth, (Street and Number)* #188 South Durham Str.
5. *Full Name of Mother,* Odilie Ackermann
6. *Mother's Maiden Name,* Morgenroth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Ackermann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47286

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 4. 1881
4. *Place of Birth, (Street and Number)* S. Schappel str 130
5. *Full Name of Mother,* Kunigunda Getz
6. *Mother's Maiden Name,* Telbinger
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Bankratz Getz
9. *Father's Occupation,* Worftworker
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks, Midwife

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 4

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* May the 4. 1881
4. *Place of Birth,* (Street and Number) mill more alley, No 15.
5. *Full Name of Mother,* Jane Miles
6. *Mother's Maiden Name,* Jane Posey
7. *Mother's Birthplace,* Mount Zion, County, Md.
8. *Full Name of Father,* Milton Miles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Somerset County, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Chew

Address, No 70 N Zion St Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore
4. *Place of Birth, (Street and Number)*	399 Eastern Ave
5. *Full Name of Mother,*	Anne Mr. Wachter
6. *Mother's Maiden Name,*	Anne Mr. Hamme
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charley Wachter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Simms
Address,	171 E Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	First
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Baltimore "
4. *Place of Birth,* (*Street and Number*)	Highland town
5. *Full Name of Mother,*	Mr. Shreck " " "
6. *Mother's Maiden Name,*	Mr. Gutkamp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. L. Shreck
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Emery E Simms
Address,	171 E Washington
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male ~~or female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th A.M. 4th May, 1881.
4. *Place of Birth (Street and Number)* 2 Argyle Avenue, formerly Walsh St.
5. *Full Name of Mother* Margaret Jane Williamson
6. *Mother's Maiden Name* Margaret Jane Williamson
7. *Mother's Birthplace* Baltimore, Maryland.
8. *Full Name of Father* James O'Law Williamson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Wrath M.D.

Address 236 N. Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4th 11 30 P. M. 1881
4. *Place of Birth (Street and Number)* 100 Gough St.
5. *Full Name of Mother* Fannie Fernheimer
6. *Mother's Maiden Name* Fannie Herford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis Samuel Fernheimer
9. *Father's Occupation* Horse dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 4th of May 1881.
4. *Place of Birth, (Street and Number)* 339 East Lafayette street.
5. *Full Name of Mother,* Nella Clean.
6. *Mother's Maiden Name,* Nella Scherm.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* James Scherm.
9. *Father's Occupation,* Laberman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 7
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1881
4. Place of Birth (Street and Number)	914 Bethel St
5. Full Name of Mother	Bertha Phoebus
6. Mother's Maiden Name	Scott
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Geo. Phoebus
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	M. B. Billingslea
Address	256 E. John st
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47294

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	routheran Williams Charle Wilson
1. *Sex, (state whether male or female)*	boy baby
2. *Race or Color, (if not of the white race)*	Colared
3. *Date of Birth,*	my th 4 1881
4. *Place of Birth, (Street and Number)*	city Chamely No 210
5. *Full Name of Mother,*	southan Williams
6. *Mother's Maiden Name,*	routheran Wilson
7. *Mother's Birthplace,*	city
8. *Full Name of Father,*	Charle Wilson
9. *Father's Occupation,*	labor
10. *Father's Birthplace,*	city
Name of Medical Attendant, or other Person who makes this Return.	Mid Wif Chollity proctor
Address,	No 18 Calton St
Remarks,	

Cor of Oregon & Lehman ally —

JOHN B. PIET, PRINTER & STATIONER, BALT.

11795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 4
4. *Place of Birth (Street and Number)* 144 Mount St
5. *Full Name of Mother* Sarah Folger
6. *Mother's Maiden Name* Sarah Reed
7. *Mother's Birthplace* Va
8. *Full Name of Father* — Folger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Mass.

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneale

Address 504 W Fayette St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

47296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 May
4. *Place of Birth, (Street and Number)* 118 N High
5. *Full Name of Mother,* Bridget Dorsel
6. *Mother's Maiden Name,* Frehl
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Michael Dorsel
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Cooper

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1891
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 May "
4. *Place of Birth, (Street and Number)* 234 E Lombard
5. *Full Name of Mother,* Kath. Ritschel
6. *Mother's Maiden Name,* Conroy
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Ed. Ritschel
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Leafer

Address, 72 E Lombard

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4 1881
4. *Place of Birth, (Street and Number)* 318 Eastern Ave
5. *Full Name of Mother,* Emma Whitted
6. *Mother's Maiden Name,* Emma Bennet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Whitted
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss E Tracy

Address, 143 Chester St

Remarks, Healthy

Correct items of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th May 1881
4. *Place of Birth, (Street and Number)* Balto Washington st No 69
5. *Full Name of Mother,* Anna Struck
6. *Mother's Maiden Name,* Anna Hronek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Gustav Struck
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return May Baptist

Address, 69 Washington st

Remarks, May Baptist

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47300

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th May 1881
4. *Place of Birth, (Street and Number)* Balto. Castle st No 4
5. *Full Name of Mother,* M. Knot
6. *Mother's Maiden Name,* M. Kapitan
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* J. Knot
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kapitist

Address, 09 Washington st

Remarks, Mary Kapitist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 4
4. *Place of Birth (Street and Number)* 145 Johnson
5. *Full Name of Mother* Catherine Schier
6. *Mother's Maiden Name* " Ulrich
7. *Mother's Birthplace* Md
8. *Full Name of Father* James Schier
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R. A. P. Ellis

Address 31 E Light W

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47302
47303

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 5 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th & 8th
1. Sex (state whether Male or Female)	Both males
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1881
4. Place of Birth (Street and Number)	Mount St. north of Baker St.
5. Full Name of Mother	Mrs. Indiana Malone
6. Mother's Maiden Name	Perkins
7. Mother's Birthplace	Portsmouth, Va.
8. Full Name of Father	Albert Malone
9. Father's Occupation	Builder
10. Father's Birthplace	Williamsburg, Va
Name of Medical Attendant, or other Person who makes this Return.	Wm. W. Murray M.D.
Address	308 W. Fayette St.
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

17304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 5th 1881

4. *Place of Birth, (Street and Number)* Randall st

5. *Full Name of Mother,* Sarah E Reid

6. *Mother's Maiden Name,* Sarah E. Brewer

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Wm Reid

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 140 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 5 May

4. *Place of Birth, (Street and Number)* 70 E Lombard

5. *Full Name of Mother,* Ida Mannamore

6. *Mother's Maiden Name,* Taylor

7. *Mother's Birthplace,* Richmond Va

8. *Full Name of Father,* Ed. Mannamore

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Wm Dare Carter

Address, 70 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 5th of May.
4. Place of Birth (Street and Number) No 23 State St
5. Full Name of Mother Mary Murray
6. Mother's Maiden Name Mary Golsborough
7. Mother's Birthplace Denton
8. Full Name of Father John Denis Murray
9. Father's Occupation Steavedore
10. Father's Birthplace Easton Talbot County

Name of Medical Attendant, or other Person who makes this Return. Marryetta Trip

Address No 37 Lexington St

Remarks Not Enq.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47307

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the, 5, 1881.
4. *Place of Birth, (Street and Number)* S. Exeter St. No. 94
5. *Full Name of Mother,* Margaretha Schurz
6. *Mother's Maiden Name,* Margaretha Donoldson
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Schurz
9. *Father's Occupation,* Fischingman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Son

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Thursday May 5th
4. *Place of Birth (Street and Number)* 338 East Monument
5. *Full Name of Mother* Amelia K. Jones Maiden name Beckmyer
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William H Jones
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs Gury 13 Hollin St 2

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (?)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1881
4. *Place of Birth, (Street and Number)* 420 Scott
5. *Full Name of Mother,* Mary L Buttenbach
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* City
8. *Full Name of Father,* [illegible] Buttenbach
9. *Father's Occupation,*
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

47310

U11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1881
4. *Place of Birth (Street and Number)* 301 N. Carrollton Ave
5. *Full Name of Mother* Eudosia N. Coale
6. *Mother's Maiden Name* Eudosia ~~White~~ Wailes
7. *Mother's Birthplace* Montgomery Co. Md
8. *Full Name of Father* Roger H. Coale
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. S. C. Chew M.D.

Address 141 Lanvale St.

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47311

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 5th 1881
4. *Place of Birth, (Street and Number)* Baltimore Lemon et No 91
5. *Full Name of Mother* Mary ~~Millard~~ Hardy
6. *Mother's Maiden Name* " McConnell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Millard F. Hardy
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

117312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 10th 1881
4. *Place of Birth (Street and Number)* Little Vine St B Stricker and Lemmon
5. *Full Name of Mother* Mary Tailor
6. *Mother's Maiden Name* Mary Baily
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Tailor
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Snow Hill

Name of Medical Attendant, or other Person who makes this Return. Hannah Brown

Address Vincent Alley 59

Remarks None

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Boy
3. *Date of Birth,* 5th May 1881
4. *Place of Birth, (Street and Number)* Balto. Washington st No 69
5. *Full Name of Mother,* Anna Uhler
6. *Mother's Maiden Name,* A. Kreyci
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jakob Uhler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohema

Name of Medical Attendant, or other Person who makes this Return May Hospital

Address, 69 Washington st

Remarks, May Hospital

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

473.14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ferst child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Race of White
3. *Date of Birth,* May 5. 1881
4. *Place of Birth, (Street and Number)* Baltimore Eastern Avenue No 383
5. *Full Name of Mother,* Lizzie Myers
6. *Mother's Maiden Name,* " " Kettler
7. *Mother's Birthplace,* Baltimore M.D
8. *Full Name of Father,* William Myers
9. *Father's Occupation,* Night Wachman
10. *Father's Birthplace,* Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Kind

1. *Sex, (state whether male or female)* Knab
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 5ten Mai
4. *Place of Birth, (Street and Number)* 150 Eastern Ave
5. *Full Name of Mother,* Johanne Deihmann
6. *Mother's Maiden Name,* Johanne Ritter
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Ernst Deihmann
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas St

Remarks, Homme

JOHN B. PIET, PRINTER & STATIONER, BALT.

47316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1901 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored race
3. *Date of Birth*	5 of may
4. *Place of Birth* (Street and Number)	212 Dover St
5. *Full Name of Mother*	Mary Priscilia Stall
6. *Mother's Maiden Name*	Mary Priscilia Woodland
7. *Mother's Birthplace*	Burlington New Jersey
8. *Full Name of Father*	John Wesley Stall
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	212 Dover Street
Remarks	child and mother is doing well

please to excuse for not sending before

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th May
4. *Place of Birth, (Street and Number)*	90 Eissel st
5. *Full Name of Mother,*	Marie Cremer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Crystifer Cremer
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Angelline Wilson
Address,	194 Warner st
Remarks,	

HEALTH DEPARTMENT MAY 9 1891 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

47318

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 5th May 1881
4. *Place of Birth, (Street and Number)* Fort Ave rear of Maryland Lead Factory
5. *Full Name of Mother* De Falk
6. *Mother's Maiden Name* D Fie
7. *Mother's Birthplace* Germany
8. *Full Name of Father* O. Falk
9. *Father's Occupation* Wachmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address No 18 Byrd street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47319

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 87
4. *Place of Birth, (Street and Number)* 173 Ridgely St
5. *Full Name of Mother,* Christina Heintz
6. *Mother's Maiden Name,* " Meyers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Heintz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Saxony Weimar Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, # 328 S. Eutaw St

Remarks,

... Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male ~~or Female~~) —
2. Race or Color (if not of the white race) white
3. Date of Birth May 5th 1881
4. Place of Birth (Street and Number) 218 Conway St
5. Full Name of Mother Kave McFarland
6. Mother's Maiden Name Kave Galloway
7. Mother's Birthplace Virginia
8. Full Name of Father James H. McFarland
9. Father's Occupation Clerk
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. H. Albers M.D.

Address 95 S. Sharpe St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47321

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 5th 1881
4. *Place of Birth, (Street and Number)* 212 Preston St
5. *Full Name of Mother* Margret Will
6. *Mother's Maiden Name* Margret Vogts
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Will
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Meseruzeht

Address 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 5th.

4. *Place of Birth, (Street and Number)* No 24 Knox st.

5. *Full Name of Mother,* Elizabeth Bartholomew

6. *Mother's Maiden Name,* " " Reis.

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Bartholomew

9. *Father's Occupation,* Shoemaker.

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

4.7323

47323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 5 1881
4. Place of Birth (Street and Number) 101 Parkin Street
5. Full Name of Mother Annie B. Arnold
6. Mother's Maiden Name Annie B. Mason
7. Mother's Birthplace Virginia
8. Full Name of Father Henry Arnold
9. Father's Occupation Hexter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley MD

Address 158 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 to

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5, 1881.
4. *Place of Birth, (Street and Number)* 132 S. Durham St.
5. *Full Name of Mother,* Maggie Hoffman
6. *Mother's Maiden Name,* McGee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Hoffman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. George A. Rohé, M.D.

Address, 94 S. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47325

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th. 1881
4. *Place of Birth, (Street and Number).* No. 104 Warner St.
5. *Full Name of Mother,* Elizabeth Gosnel
6. *Mother's Maiden Name,* Dixon.
7. *Mother's Birthplace,* Frederick, Md
8. *Full Name of Father,* George W. Gosnel.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick, Md.

Name of Medical Attendant, or other Person who makes this Return. Irwin H. Elderdice, M.D.

Address, N. E. Cor. Columbia Ave. & Fremont Street.

Remarks, Child in good physical condition, & livery.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday May 5th 1881
4. *Place of Birth, (Street and Number)*	92 Harford ave
5. *Full Name of Mother,*	Kate Frager
6. *Mother's Maiden Name,*	Kate McAlister
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Robert Frager
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address,	25 1/2 Greenmount ave
Remarks,	Vrtx Presentation

RETURN OF A BIRTH

17327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 5/81
4. *Place of Birth, (Street and Number)*	# 68 Lancaster Str
5. *Full Name of Mother,*	Pauline Purmeister
6. *Mother's Maiden Name,*	" " " Hahn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Karl Purmeister
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	# 236 Canton Ave
Remarks,	

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of May 1881
4. *Place of Birth, (Street and Number)* 102 North Chapel street
5. *Full Name of Mother,* Annie Lankler
6. *Mother's Maiden Name,* Annie Felber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andres Felber
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of May 1881
4. *Place of Birth, (Street and Number)* 366 East Orlean street
5. *Full Name of Mother,* Annie Beck
6. *Mother's Maiden Name,* Annie Thies
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreo Thes
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

This duty Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

17330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
9
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6 May

4. *Place of Birth, (Street and Number)* 70 Holliday

5. *Full Name of Mother,* Lizzie Bailey

6. *Mother's Maiden Name,* Moore

7. *Mother's Birthplace,* Balt Md

8. *Full Name of Father,* Geo Bailey.

9. *Father's Occupation,* Police Officer

10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Cooper

Address, 72 E Lombard

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 47331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	Male
3. *Date of Birth*	May 6 1881
4. *Place of Birth, (Street and Number)*	30 Burrough st
5. *Full Name of Mother*	Sarah Jane Dowling
6. *Mother's Maiden Name*	" " Allen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Dowling
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 6th 1881
4. *Place of Birth, (Street and Number)*	61 Burke Street.
5. *Full Name of Mother,*	Minnie Hendricks,
6. *Mother's Maiden Name,*	Minnie Ebbighauser.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Hendricks
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke St,
Remarks,	

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47333

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 9th 18

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 6th 1881.
4. *Place of Birth, (Street and Number)* 241 Eastern Ave.
5. *Full Name of Mother,* Maggie Gershmeier.
6. *Mother's Maiden Name,* Maggie Cook.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Gershmeier
9. *Father's Occupation,* Confectionary.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks, —"—

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47334

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* May 6 1881
4. *Place of Birth, (Street and Number)* Baltimore Aston st No 3rd
5. *Full Name of Mother,* Mary Weedell
6. *Mother's Maiden Name,* Mary Warn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weedell
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr M. Shaffer

Address, No 114 S. Ridgley st

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6 1881
4. *Place of Birth, (Street and Number)* Baltimore Wyeth st. No 54
5. *Full Name of Mother,* Margret Stanger
6. *Mother's Maiden Name,* Margret Kanner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Stanger
9. *Father's Occupation,* Broom maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm M. Shaffer

Address, No 114 S. Ridgley st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* May 6th 1881
4. *Place of Birth,* (Street and Number) No 224 N. Howard St.
5. *Full Name of Mother,* Catherine Florence Aydelotte
6. *Mother's Maiden Name,* " " Gaule
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Moore Aydelotte
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M.D.

Address, No 205 N. Lombard St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6th 1881
4. *Place of Birth, (Street and Number)* 354 Sharp st
5. *Full Name of Mother,* Francis Gevencourt
6. *Mother's Maiden Name,* Meisterman
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Anton Gevencourt
9. *Father's Occupation,* Cariagebuilder
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	May 6th one child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	May 6 1881 11 p.m.
4. Place of Birth (Street and Number)	Mason ul No 1
5. Full Name of Mother	Emanda Hall
6. Mother's Maiden Name	Emanda Newman
7. Mother's Birthplace	Talbot County MD
8. Full Name of Father	John Newman ~~Truck~~
9. Father's Occupation	Truck Driver
10. Father's Birthplace	Frederick Co MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs Cornett
Address	~~Bidd~~ Gearden ul
Remarks	

Mestak in [illegible] father Jasha Green

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female Colard
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* 239 Durham St
4. *Place of Birth, (Street and Number)* May 6 1881
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Rachel Turner
7. *Mother's Birthplace,* Anderraner County
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 N Register St

Remarks, No Remarks

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47314-0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th May 1881
4. *Place of Birth, (Street and Number)* 79 Harrison st.
5. *Full Name of Mother,* Sarah Garfunkel
6. *Mother's Maiden Name,* " Grinston
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Garfunkel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 1136 Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 6th 1881
4. *Place of Birth, (Street and Number)* 110 Myrtle Ave
5. *Full Name of Mother,* Mary E Brady
6. *Mother's Maiden Name,* Mary E Wells.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joseph J. Brady
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J Keller M D

Address, 89 N Greene St.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday May 6th. 1881
4. *Place of Birth, (Street and Number)* 11 Mc Celears Court
5. *Full Name of Mother,* Rose Connally
6. *Mother's Maiden Name,* Rose Dugan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Owen Connally
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Winslow M.D.

Address, 25 1/2 Greenmount Ave

Remarks, Vertex Presentation

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11734-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 6th 1881

4. *Place of Birth, (Street and Number)* 204 E Chase St

5. *Full Name of Mother,* Katie Kelly

6. *Mother's Maiden Name,* Scott

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Michael D Kelly

9. *Father's Occupation,* Brass Moulder

10. *Father's Birthplace,* County Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Regina A Winter

Address, 186 Harford Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47344

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 8 te

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mar 6. 1881
4. *Place of Birth, (Street and Number)* S. Durham str No 180
5. *Full Name of Mother,* Josephine Gottesleben
6. *Mother's Maiden Name,* Rittberger
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Joseph Gottesleben
9. *Father's Occupation,* Peter
10. *Father's Birthplace,* Kur Hessen

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolfstr No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 6. 6. 81.
4. *Place of Birth (Street and Number)* 210 E. Balto St
5. *Full Name of Mother* Eliz R. Dodson
6. *Mother's Maiden Name* Copenhaver
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Ed. N. Dodson
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Wlot Co. Md

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47514-6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* May 6th 1881.
4. *Place of Birth, (Street and Number)* # 20 Barnet st
5. *Full Name of Mother* Mary Röhlke
6. *Mother's Maiden Name* Mary Rebsperger
7. *Mother's Birthplace* Balte.
8. *Full Name of Father* Ante Röhlke
9. *Father's Occupation* Paper.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Levi Hillegist

Address 182 East Baltimore street

Remarks

47347

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* May 6th 1881.
4. *Place of Birth, (Street and Number)* # 232 East Eager street.
5. *Full Name of Mother* Mary Annie Hebrank
6. *Mother's Maiden Name* Mary Annie Tholheimer
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Henry Hebrank.
9. *Father's Occupation* Extension Table Manufacturing
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 182 East Monument street.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47348

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male —
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6. 81.
4. Place of Birth (Street and Number)	169 George St —
5. Full Name of Mother	Delia F Hunter
6. Mother's Maiden Name	" " Burnes
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Geo Edwin Hunter
9. Father's Occupation	Clerk B & O. R. R —
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. King. M.D
Address	215 N. Carrollton Ave
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6. 81
4. Place of Birth (Street and Number)	901 Mulberry St
5. Full Name of Mother	Ella Mullikee
6. Mother's Maiden Name	" Dawmend
7. Mother's Birthplace	Anna Arundel Co Md
8. Full Name of Father	Geo. Mullikee
9. Father's Occupation	Car Driver
10. Father's Birthplace	Prince George Co Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. King MD
Address	215 N. Carrollton Ave
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 2 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... second

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... May the 6
4. *Place of Birth, (Street and Number)* ..... Salop st between light
5. *Full Name of Mother,* ..... Anneder Hungern
6. *Mother's Maiden Name,* ..... Anneder offee
7. *Mother's Birthplace,* ..... germany
8. *Full Name of Father,* ..... Henry unger
9. *Father's Occupation,* ..... Laborer
10. *Father's Birthplace,* ..... germany

Name of Medical Attendant, or other Person who makes this Return. ..... williminie Smith

Address, ... 396 Sharp st

Remarks, ...

JOHN B. PIET, PRINTER & STATIONER, BALT.

47357

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 May
4. *Place of Birth, (Street and Number)* 123 Bank
5. *Full Name of Mother,* Ana North
6. *Mother's Maiden Name,* Delly
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Henry North
9. *Father's Occupation,* Seal Captain
10. *Father's Birthplace,* N. York City

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47352

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 7th
4. *Place of Birth, (Street and Number)*	53 N. Greene St.
5. *Full Name of Mother,*	Laura L. Hack
6. *Mother's Maiden Name,*	Laura L. Storer
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Oliver C. Hack
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral St
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 17353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May. 7. 1851
4. *Place of Birth, (Street and Number)*	122 Battery ave Baltimore
5. *Full Name of Mother*	Sarah Catherine Ellmaker
6. *Mother's Maiden Name*	" " Woodland
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Henry Ellmaker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

HEALTH DEPARTMENT MAY 9 1851 BALTIMORE

RETURN OF A BIRTH

11354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in charge, who shall neglect to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* May 1st 1881
4. *Place of Birth, (Street and Number)* 103 Dallis St
5. *Full Name of Mother,* Lizzie Ambry
6. *Mother's Maiden Name,* Lizzie Waiman
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Thomison Ambry
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Lucander Woolford

Address, 130 N Register St

Remarks, No Remarks

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 47355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Child Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 7th 1881
4. *Place of Birth, (Street and Number)* Baltimore Holland bet Mc
5. *Full Name of Mother* Annie Fosler
6. *Mother's Maiden Name* Ponce
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Fosler
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 38 Parkin st

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

47356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White - Irish American
Date of Birth	May 7th 1881
Place of Birth (Street and Number)	18 Maryland Ave
Full Name of Mother	Catherine Mallen
Mother's Maiden Name	Reardon
Mother's Birthplace	Ireland
Full Name of Father	Wm Mallen Jr
Father's Occupation	Horseshoer
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	I. E. Lindsay MD
Address	159 Park Ave
Remarks	

47357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 May
4. *Place of Birth (Street and Number)* 1 East McElderry St
5. *Full Name of Mother* Annie Maria Cole
6. *Mother's Maiden Name* Randalls
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Cole
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this return Henrietta Glasses

Address 293 McElderry St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

PENALTY.—Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1871 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colt

3. Date of Birth May 7th 1871

4. Place of Birth (Street and Number) 117 Chesnut Alley

5. Full Name of Mother Emma Bell Caster

6. Mother's Maiden Name Emma Bell Robinson

7. Mother's Birthplace Orange County Va

8. Full Name of Father Jas A. Caster

9. Father's Occupation Ice Cream Maker

10. Father's Birthplace Lancaster County Va

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address 92 Jasper St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47359

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1881
4. *Place of Birth, (Street and Number)* 478 Cantom. arnev
5. *Full Name of Mother,* Maggie Kalmen
6. *Mother's Maiden Name,* Maggie Hiner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tommas Kalmen
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley

Address.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47360

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* May 9th 1881
4. *Place of Birth,* (Street and Number) No 92 Centre St.
5. *Full Name of Mother,* Margaret Porter Southard
6. *Mother's Maiden Name,* " " Mathews
7. *Mother's Birthplace,* Harrisburg Penn:
8. *Full Name of Father,* Emory Albert Southard
9. *Father's Occupation,* Adams & Co Express Messenger
10. *Father's Birthplace,* Clearfield Penn:

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wemble M.D.

Address, No 205 N. Lombard St.

Remarks,

47361

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sechem Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* borned on the 7 between 2 and 3
4. *Place of Birth, (Street and Number)* south Chapel Street 36
5. *Full Name of Mother,* Leonida Jackson
6. *Mother's Maiden Name,* Leonida Hollis
7. *Mother's Birthplace,* Drawbridge Dochester Co Md
8. *Full Name of Father,* Thomas J Jackson
9. *Father's Occupation,* Sailer
10. *Father's Birthplace,* vinnia Dochester Co Md

Name of Medical Attendant, or other Person who makes this Return. Susen Margan midwife

Address, no 47 north Durham St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47362

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 7th 1881
4. *Place of Birth, (Street and Number)* 345 Penna ave
5. *Full Name of Mother* Maggie Sandmyer
6. *Mother's Maiden Name* Maggie Chaill
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Sandmyer
9. *Father's Occupation* Plaster
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47363

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* May 7th
4. *Place of Birth, (Street and Number)* 173 Montgomery. St Balto City
5. *Full Name of Mother,* Mary Switzer.
6. *Mother's Maiden Name,* Mary Clipper.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* John A Switzer.
9. *Father's Occupation,* Police Office.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return Katherine Münch

Address, 1 Leadenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 47364

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 7th 1881
4. *Place of Birth, (Street and Number)* 430 Penna. Ave
5. *Full Name of Mother* Elizabeth Driver
6. *Mother's Maiden Name* O'Connough
7. *Mother's Birthplace* Charleston S.C.
8. *Full Name of Father* Chas. E. Driver
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. D. Christian M.D.

Address 431 Penna. Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 7 1891
4. *Place of Birth (Street and Number)*	1114 30 Morris St Baltimore
5. *Full Name of Mother*	Margery Wilbird
6. *Mother's Maiden Name*	Margery Johnson
7. *Mother's Birthplace*	Western Virginia
8. *Full Name of Father*	William Wilbird
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Bailey
Address	742 W Pratt St
Remarks	

RETURN OF A BIRTH.

47367

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	~~Female~~ Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 7 1881
4. *Place of Birth (Street and Number)*	28 S. Calhoun
5. *Full Name of Mother*	Ida May Downs
6. *Mother's Maiden Name*	Carson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wilford C. Downs
9. *Father's Occupation*	Corn Merchant
10. *Father's Birthplace*	Loch Haven Pa.
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins St.
Remarks	Small but healthy

RETURN OF A BIRTH

47368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1881
4. *Place of Birth, (Street and Number)* N 167 Dolphin St
5. *Full Name of Mother,* Josephine L. Stewart
6. *Mother's Maiden Name,* Josephine Lurman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Morton Stewart
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Ghatard M.D

Address, N 114 Park Ave.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17th "

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* May 7. 1881
4. *Place of Birth (Street and Number)* 4 Jordan alley
5. *Full Name of Mother* Anna R Stafford
6. *Mother's Maiden Name* " " Wilson
7. *Mother's Birthplace* md
8. *Full Name of Father* David Stafford
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill MD

Address 129 N. Biddle St

Remarks

HEALTH DEPARTMENT BALTIMORE

47370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1881
4. Place of Birth (Street and Number)	50 Ensor St
5. Full Name of Mother	Mary Pitsinger
6. Mother's Maiden Name	Mary Musson
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Joseph Pitsinger
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Silas W Hunter MD
Address	36 Greenmt Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47371

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st, 1891
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Kate O'Brien
6. *Mother's Maiden Name,* Mrs. Cable
7. *Mother's Birthplace,* Dreland
8. *Full Name of Father,* Patrick O'Brien
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Dreland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 8th 1881
4. *Place of Birth* (Street and Number) # 253 Madison Ave -
5. *Full Name of Mother* Rachel F. Smith
6. *Mother's Maiden Name* Rachel F. Perkins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph T. Smith
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Joseph T. Smith M.D.

Address 253 Madison Ave

Remarks

47373

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th 1881
4. *Place of Birth, (Street and Number)* 38 Warner St
5. *Full Name of Mother,* Elizabeth Walls
6. *Mother's Maiden Name,* Dickens
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jno Walls
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake MD

Address, 1168 S Pacaf

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8th 1881 6 45 A.M.
4. *Place of Birth (Street and Number)* N. E. Cor. Bethel & Baltimore Pt.
5. *Full Name of Mother* Teresa Berney
6. *Mother's Maiden Name* Teresa Hamburger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Samuel Berney
9. *Father's Occupation* Shoe Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Baltimore Street

Remarks

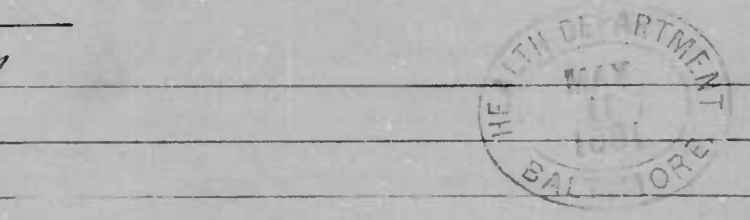
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11375

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 8th 1881
4. *Place of Birth, (Street and Number)* 10 Fort ave
5. *Full Name of Mother* Lenay Rielender
6. *Mother's Maiden Name* Lenay Petley
7. *Mother's Birthplace* Dalto
8. *Full Name of Father* Sam Rielender
9. *Father's Occupation* Soldier
10. *Father's Birthplace* Boffo

Name of Medical Attendant, or other Person who makes this Return. Mrs Lizzbeth Donaldson

Address 452 Fort ave

Remarks Mother and Child is doing well

RETURN OF A BIRTH

47376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1911 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9te Kind

1. *Sex, (state whether male or female),* Knabe

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* geboren den 8ten Mai

4. *Place of Birth, (Street and Number)* No 98 Fort Ave

5. *Full Name of Mother,* Ellen Breiten

6. *Mother's Maiden Name,* Ellen Mahre

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Breiten

9. *Father's Occupation,* Musiker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Baltzmann

Address, No 197 S. Dallas St

Remarks, Normal

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 4737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of May 1891
4. *Place of Birth, (Street and Number)* 74 North Washington Street
5. *Full Name of Mother,* Dealy Fair
6. *Mother's Maiden Name,* Dealy Horny
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Samy Horny
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 7 North Chapel Street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11,738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 8th 1881
4. *Place of Birth, (Street and Number)* 171 West pl
5. *Full Name of Mother,* Cathern Sanders
6. *Mother's Maiden Name,* Burlach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Sanders
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Lobegeier midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 10
1881
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male —
2. *Race or Color, (if not of the white race)*	White —
3. *Date of Birth,*	8th May 1881
4. *Place of Birth, (Street and Number)*	41 Brown St.
5. *Full Name of Mother,*	Julia R. Emory
6. *Mother's Maiden Name,*	Ridgely
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	D. Hopper Emory
9. *Father's Occupation,*	Atty at Law.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	

B. W. Owings, M. D.
224 Madison Ave.

RETURN OF A BIRTH.

17380

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d,
1. *Sex (state whether Male or Female)*	Female,
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 8, 1881.
4. *Place of Birth (Street and Number)*	321 N Central ave.
5. *Full Name of Mother*	Agnes C. Athman
6. *Mother's Maiden Name*	" " Fell
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Clemens Athman.
9. *Father's Occupation*	Segar Maker.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	175 Saratoga St.
Remarks	

RETURN OF A BIRTH.

47381

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 children Johnson

1. Sex (state whether Male or Female) male George Johnson
2. Race or Color (if not of the white race) colored
3. Date of Birth May 8 1881
4. Place of Birth (Street and Number) 17 Willmore alley
5. Full Name of Mother Ellen Johnson
6. Mother's Maiden Name Ellen Stewart
7. Mother's Birthplace Baltimore
8. Full Name of Father Moses Johnson
9. Father's Occupation Labore
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louise Hebron

Address Union Street 27

Remarks in good health at this time

RETURN OF A BIRTH 47382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One 8th May 1881

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of May 1881
4. *Place of Birth, (Street and Number)* Baltimore & Clinton Sts 23
5. *Full Name of Mother,* Amanda Ellen Burger
6. *Mother's Maiden Name,* " Mixter
7. *Mother's Birthplace,* Rockland Md
8. *Full Name of Father,* Joseph G Burger
9. *Father's Occupation,* Chas Sinard & Sons
10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Somerfield

Address, 38 Pennsylvania Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47383

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 May
4. *Place of Birth, (Street and Number)* 286 Cross St
5. *Full Name of Mother,* Mary Stang
6. *Mother's Maiden Name,* Mary Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Stang
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharina Meinsch

Address, 1 Leadenhall St

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six Children

1. *Sex, (state whether male or female)* two Girls and four Boys
2. *Race or Color, (if not of the white race)* of White Race
3. *Date of Birth,* Sunday May 8th 1881
4. *Place of Birth, (Street and Number)* 25 North Fremont St
5. *Full Name of Mother,* Louvesie Wichman
6. *Mother's Maiden Name,* Louiesa Sohl
7. *Mother's Birthplace,* hanover Germany.
8. *Full Name of Father,* John Sohl.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* hanover. Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Sheiban.

Address, Pratt Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8
4. *Place of Birth (Street and Number)* No 42 Ridgely St
5. *Full Name of Mother* Clara Staer
6. *Mother's Maiden Name* Clara Bing
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Herman Staer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J G Wamble Jr &

Address No 205 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Youth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8th 1881
4. Place of Birth (Street and Number)	90 E Baltimore Street
5. Full Name of Mother	Caroline Rosenfeld
6. Mother's Maiden Name	Caroline Wiesenfeld
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Rosenfeld
9. Father's Occupation	Merchant
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M D
Address	88 ~~St~~ N Eutaw Street
Remarks	

RETURN OF A BIRTH 47387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th 1881
4. *Place of Birth, (Street and Number)* No 4 Harford road opposit Druid Park
5. *Full Name of Mother,* Josephina Kauffman
6. *Mother's Maiden Name,* " Burger
7. *Mother's Birthplace,* Wurdemburg Germany
8. *Full Name of Father,* Ernst Kauffman.
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Say Mininger.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.

Address, No 186 S. E. cor. Central av. & Monument St.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 9th 1881
4. *Place of Birth (Street and Number)*	113 S Eutaw St
5. *Full Name of Mother*	Katie E Weitzell
6. *Mother's Maiden Name*	" " Berner
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry Weitzell
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell MD
Address	21 N Broadway
Remarks	

47389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 9' 1881
4. Place of Birth (Street and Number)	62 S. Green St
5. Full Name of Mother	May ~~Kerns~~ Forney
6. Mother's Maiden Name	May Kerns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Forney
9. Father's Occupation	Saddler or Harness maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. H. Saxton Mrs
Address	543 Lexington St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47390

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c)	1st child
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	9th Saturday May 1881
Place of Birth (Street and Number)	Charleston Street
Full Name of Mother	Harriet Smith
Mother's Maiden Name	
Mother's Birthplace	
Full Name of Father	
Father's Occupation	
Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Caroline Jones
Address	Vine St. near Schroeder St.
Remarks	A very healty Child

47391

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 1881
4. *Place of Birth, (Street and Number)* Maternite Hospital, Mt. W. Lombard
5. *Full Name of Mother,* Annie Blake
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting M.D.

Address, Resident Physician at

Remarks, Maternite

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

17392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1st April 1881
4. *Place of Birth, (Street and Number)* No 19 Constitution St
5. *Full Name of Mother* Annie Baughen
6. *Mother's Maiden Name* Annie Frisby
7. *Mother's Birthplace* East Berlin, Pa.
8. *Full Name of Father* Robert Frisby
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return. Cristina Sauer 1881

Address Cristina Sauer

Remarks 193 Hoffman ave

47393

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ Child 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of May 1881
4. *Place of Birth, (Street and Number)* 17 Cork
5. *Full Name of Mother,* Elizebeth Horner
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Horner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Av

Remarks, Come at six o'clock and died at 10 Eight Months Child

HEALTH DEPARTMENT BALTIMORE

"Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47394

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th 1881
4. *Place of Birth, (Street and Number)*	No. 85 Stiles Street
5. *Full Name of Mother,*	Mary Monahan
6. *Mother's Maiden Name,*	Mary Doud
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Monahan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Eliza Flemming's
Address,	No. 95 Albemarle Street
Remarks,	(City.)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47395

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

Grace Pfefferkorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 1881
4. *Place of Birth, (Street and Number)* 51 North Paca St
5. *Full Name of Mother,* Helen Pfefferkorn
6. *Mother's Maiden Name,* Helen Einstein
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Leopold Pfefferkorn
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Md

Address. 146 Hanover St

Remarks, OTHER NAME ADDED. 2-24-53

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (~~*state whether 1st, 2d*~~, 3d, ~~*&c.*~~)

1. *Sex* (~~*state whether male or*~~ *female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* May 9th 1881.
4. *Place of Birth (Street and Number)* 132 Conway St.
5. *Full Name of Mother* Emma J. Sexton.
6. *Mother's Maiden Name* Emma J. Fasbender.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Samuel D. Sexton Jr.
9. *Father's Occupation* Manufacturer of Stoves, Ranges, &c
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. A. Kozer, M.D.

Address " "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 9th of may on monday
4. Place of Birth (Street and Number) No 13 Stockholm
5. Full Name of Mother Catherine Chew
6. Mother's Maiden Name Catherine Bowen
7. Mother's Birthplace Calvert County
8. Full Name of Father James, E. Bowen
9. Father's Occupation Laboring man
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Baby is well mother very low

Address Sering mills No 22 Stockholm Dr. C. R. Copeman & Coundard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47398

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 13 1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Brown

3. Date of Birth May 9th 1881

4. Place of Birth (Street and Number) Martha Wheeler

5. Full Name of Mother ~~Catherine~~ Baltimore

6. Mother's Maiden Name ~~Allen Wheeler~~ Baltimore

7. Mother's Birthplace Laborer Allen Wheeler

8. Full Name of Father Laborer

9. Father's Occupation Baltimore

10. Father's Birthplace Mrs Louisa Seaton

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH

47399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of May
4. *Place of Birth, (Street and Number)* Baltimore No 7th Baltimore St
5. *Full Name of Mother,* Ellen. Rebecka. Sickel
6. *Mother's Maiden Name,* Ellen. R. Kent
7. *Mother's Birthplace,* Savannah Ga
8. *Full Name of Father,* William Henry Sickel
9. *Father's Occupation,* Shumaker
10. *Father's Birthplace,* Newvill Cumberland Co. Pa

Name of Medical Attendant, or other Person who makes this Return Lauber Weiß Gebauer

Address, No 28. K Frankfurt Baltimore Md.

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 47400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 9 1881
4. *Place of Birth, (Street and Number)* Clements 19 Baltimore
5. *Full Name of Mother* William Ann Clark
6. *Mother's Maiden Name* " " Boyer
7. *Mother's Birthplace* Anne Arundel Co. Maryland
8. *Full Name of Father* Amos Napoleon Clark
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Anne Arundel Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. Magid Ethel

Address No 18 Edbia St

Remarks

RETURN OF A BIRTH. 4711-01

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Form Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	may 9th 1881
4. Place of Birth (Street and Number)	159 Calhoun st. (North)
5. Full Name of Mother	Amanda G. Saylor
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	Virginia
8. Full Name of Father	Richd. M. Taylor
9 Father's Occupation	Merchant - (Richmond Va)
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. Harvey Steel M.D.
Address	119 Edmondson Ave.
Remarks	

RETURN OF A BIRTH

47402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 9th
4. *Place of Birth, (Street and Number)*	376 Saratoga St.
5. *Full Name of Mother,*	Maria Magdalena Francke
6. *Mother's Maiden Name,*	Maria Magdalena Fenn.
7. *Mother's Birthplace,*	Lwingenberg Hessen Germania
8. *Full Name of Father,*	Julius August Francke
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Michlhausen i Th. Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sommerfield. Midwife
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
27
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Mai
4. *Place of Birth, (Street and Number)* 303 N. Bond
5. *Full Name of Mother,* Margaretha Brack
6. *Mother's Maiden Name,* " " Schmeisner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Josef Brack
9. *Father's Occupation,* Segar-maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Konrad

Address, 20 Barnes

Remarks,

JOHN B. DIST. PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

474-04

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* May 9th 1881
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Illegitimate
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley

Address 256 E John St

Remarks

47405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th 1881
4. *Place of Birth (Street and Number)* 38 W. Fayette
5. *Full Name of Mother* ~~Ella S. Shultheis~~ Manuella S. Shultheis
6. *Mother's Maiden Name* ~~Ella S. Manuella~~ S. Howard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Andrew Shultheis
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle MD

Address 299 E Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
11
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Mulatto
3. *Date of Birth*	May 9th 1881
4. *Place of Birth (Street and Number)*	166 North Wolf St
5. *Full Name of Mother*	Mary O'Sullivan
6. *Mother's Maiden Name*	Mary Hopkins
7. *Mother's Birthplace*	West Virginia
8. *Full Name of Father*	Michael J. O'Sullivan
9. *Father's Occupation*	Telegraph Lineman
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	36 Greenmount Ave
Remarks	

RETURN OF A BIRTH.

11740?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored —
3. Date of Birth	May 9. 81
4. Place of Birth (Street and Number)	30 Sr. Mary's St —
5. Full Name of Mother	Josephine Ward —
6. Mother's Maiden Name	" Banneh —
7. Mother's Birthplace	St. Mary's Co. Md.
8. Full Name of Father	Henry Ward
9. Father's Occupation	Waiter
10. Father's Birthplace	Balto —
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. King, MD
Address	215 N. Carroll St
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

17408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1881
4. Place of Birth (Street and Number)	No 65 N. Gilmor St
5. Full Name of Mother	Mrs. Eliza Jane Hewitt
6. Mother's Maiden Name	Vermilyea
7. Mother's Birthplace	New York City
8. Full Name of Father	James Pomeroy Hewitt
9. Father's Occupation	Book Keeper
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	W. W. Murray M.D.
Address	308 W. Fayette St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11/1109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 10/91.
4. *Place of Birth, (Street and Number)* 148 N. Calvert St.
5. *Full Name of Mother* Katie B. Watson
6. *Mother's Maiden Name* Waters.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles R. Watson
9. *Father's Occupation* Book-Keeper.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M. D.

Address 205 W. Biddle St.

Remarks

4-74-10

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Col^d

3. Date of Birth May 10th 1891

4. Place of Birth (Street and Number) Union St Cor Perry Alley

5. Full Name of Mother Henrietta Cooper

6. Mother's Maiden Name Henrietta Boyd

7. Mother's Birthplace Newborn North Carolina

8. Full Name of Father Charles H Cooper

9. Father's Occupation White Washer

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address 92 Tyson St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th 1881
4. *Place of Birth (Street and Number)* 68 N. Caroline
5. *Full Name of Mother* Caroline C. Coslin
6. *Mother's Maiden Name* Caroline C. Reinhardt
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Geo H. Coslin
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Morrissina, N. Y.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 10th 1881.

4. Place of Birth (Street and Number) 798 Madison Avenue

5. Full Name of Mother Jennie Blake

6. Mother's Maiden Name Jennie Kyle.

7. Mother's Birthplace Zanesville, Ohio.

8. Full Name of Father Benson Blake

9. Father's Occupation Flour and grain Commission Merchant

10. Father's Birthplace Calvert County.

Name of Medical Attendant, or other Person who makes this Return. H Starr M.D.

Address No. 11 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1881 BALTIMORE

Name: James Joseph Doyle

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 10th
4. *Place of Birth (Street and Number)*	10 Curley St
5. *Full Name of Mother*	Susan J Doyle
6. *Mother's Maiden Name*	" (~~McGee~~) McNamara
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Martin Doyle
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs. Johanna Devlin
Address	168 Chesapeak St
Remarks	Balto. Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4744 14

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 10th 1881
4. *Place of Birth (Street and Number)*	26 Hudson St
5. *Full Name of Mother*	Margt Rogers
6. *Mother's Maiden Name*	" Ahern
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Marcellus Rogers
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Johanna Devlin
Address	16 E Chesapeake St
Remarks	Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47415

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1881
4. *Place of Birth, (Street and Number)* No 491 Lanvale Avenue
5. *Full Name of Mother,* Mollie Deacon
6. *Mother's Maiden Name,* Mollie Wynne
7. *Mother's Birthplace,* London
8. *Full Name of Father,* ~~Robinson~~ Frank Deacon
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Schmidt

Address, No 523 Lanvale Avenue

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4744-16

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 12 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10 th 1881
4. *Place of Birth, (Street and Number)* 13 James alley
5. *Full Name of Mother,* Lizzie Kromberg
6. *Mother's Maiden Name,* Voll
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Wilhelm Kromberg
9. *Father's Occupation,* Boxmaker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Lohrasser midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 10th 1881
4. *Place of Birth, (Street and Number)* Baltimore Lombard St. No. 96
5. *Full Name of Mother* Catherine Reed
6. *Mother's Maiden Name* " Glose
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Thomas J. Reed
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Mitchell

Address No. 58 Parkin St.

Remarks

47418

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 10th 1881
4. *Place of Birth, (Street and Number)* Baltimore Columbia A No 52
5. *Full Name of Mother* Eliza Yeager
6. *Mother's Maiden Name* " Amy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Yeager
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 58 Parkin St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 21 1881
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1881
4. Place of Birth (Street and Number)	283 McCulloh St
5. Full Name of Mother	Eliza Vandewoort Hazlehurst
6. Mother's Maiden Name	Vandewoort
7. Mother's Birthplace	New York City
8. Full Name of Father	Samuel Hazlehurst Jr.
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. F. Miles, M. D.
Address	24 Cathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10th
4. *Place of Birth, (Street and Number)* 27 Mulliken St
5. *Full Name of Mother,* Mary Tole
6. *Mother's Maiden Name,* Mary Moran.
7. *Mother's Birthplace,* County Waxford.
8. *Full Name of Father,* John Tole
9. *Father's Occupation,* Drayman.
10. *Father's Birthplace,* County Amarh

Name of Medical Attendant, or other Person who makes this Return Mrs. J. Oliver

Address, 214 N Eden St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11711 21

HEALTH DEPARTMENT MAY 26 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of May 1891
4. *Place of Birth, (Street and Number)* 53 Holland St
5. *Full Name of Mother,* Alexena Bernhart
6. *Mother's Maiden Name,* — — Hoffman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Bernhart
9. *Father's Occupation,* Railroad
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Rose Ulig 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47422

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 May
4. *Place of Birth, (Street and Number)* S N Front
5. *Full Name of Mother,* Marie Ward
6. *Mother's Maiden Name,* Swan
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Michel Ward
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 10th May 1881
4. *Place of Birth, (Street and Number)* 293 Maryland Av
5. *Full Name of Mother* Annie Perry
6. *Mother's Maiden Name* " Mullikin
7. *Mother's Birthplace* Pa.
8. *Full Name of Father* Burlend T. Perry
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Webster Md

Address 57 Barnet

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 10th 1881.
4. *Place of Birth, (Street and Number)* 110 S Bethel St
5. *Full Name of Mother,* Mary Lizzie Duncan.
6. *Mother's Maiden Name,* " " Young.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Richard Duncan.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. George A. Rohé, M.D.

Address, 94 S. Broadway

Remarks,

HEALTH DEPARTMENT 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11-714-25

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10th 1881
4. *Place of Birth, (Street and Number)* 160 E. Broadway
5. *Full Name of Mother,* Maria Mueller
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Andrew Mueller
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 Day of May 1881
4. *Place of Birth, (Street and Number)* Baltimore Lexington Street 405
5. *Full Name of Mother,* Emma S Fowler
6. *Mother's Maiden Name,* Emma S Sellers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Virgil Bear Fowler
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other Person who makes this Return Mrs Lumbler ~~Snyder Street~~ 60

Address, Snyder Street No 60

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth May 10. 1881
4. Place of Birth (Street and Number) 624 W. Baltimore St
5. Full Name of Mother Angelin Hurt
6. Mother's Maiden Name " Pool
7. Mother's Birthplace Md
8. Full Name of Father Hamilton C. Hurt
9. Father's Occupation Keeps hat store
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill MD

Address 129 W. Biddle

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47428

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1881
4. *Place of Birth, (Street and Number)* 179 Larwale St
5. *Full Name of Mother,* Georgia Armstrong
6. *Mother's Maiden Name,* Georgia Curry
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* James Armstrong
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return G W Mitchell

Address, 121 W Hammond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17429

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 11th 1881
4. *Place of Birth (Street and Number)* 17 Lewis St.
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Queen Anns County
8. *Full Name of Father* August Jenkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby

Address 319 N. Central Ave.

Remarks

47430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1881
4. *Place of Birth (Street and Number)* N. E. Cor. Ann and Lombard
5. *Full Name of Mother* Adelaide S. Alexander
6. *Mother's Maiden Name* Adelaide S. Jones
7. *Mother's Birthplace* Talbot Co. Md
8. *Full Name of Father* Richard Alexander
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. G. L. Mitchell

Address 77 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4/1431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 11th 1881
4. *Place of Birth, (Street and Number)*	No 211 Hudson St.
5. *Full Name of Mother,*	Annie Robinson.
6. *Mother's Maiden Name,*	Annie Fornhann
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father.*	David Robinson
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett.
Address,	No 65 Burke St.
Remarks,	

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47432

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of May 1881
4. *Place of Birth, (Street and Number)* 141 Lutzon st
5. *Full Name of Mother,* Mary S. Benton
6. *Mother's Maiden Name,* " Jull
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Benton
9. *Father's Occupation,* Salora
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Av

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

11-7433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 11th 1881
4. *Place of Birth, (Street and Number)* Baltimore Hollins St. 1010
5. *Full Name of Mother* Dania Bentley
6. *Mother's Maiden Name* " Slaffer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Bentley
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Perkins st.

Remarks

RETURN OF A BIRTH

47434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1881 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

x, (state whether male or female) mail

ce or Color, (if not of the white race) Color

te of Birth, Born may the 11 1881

ce of Birth, (Street and Number) 143 Fremont St

ll Name of Mother, Anne Gumbelee

other's Maiden Name, Anne Wesley

other's Birthplace, Baltimore

ll Name of Father, Geary N Gumbelee

ather's Occupation, Steward on a Boat

ather's Birthplace, Born aqua mage Contee

ame of Medical Attendant, or other Person who makes this Return Lucy Sidney

ddress, No 1 patapsco avenue

emarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

47436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 11th 1881
4. *Place of Birth, (Street and Number)* 11 E Saratoga
5. *Full Name of Mother,* Mary Chew
6. *Mother's Maiden Name,* Ann Arundel Co
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, H 5 Forrest St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether ~~1st, 2d,~~ 3d, &c.*) "

1. *Sex,* (*state whether male or ~~female~~*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* May 11th 1881
4. *Place of Birth,* (*Street and Number*) Cathedral St. between Mulberry & Franklin
5. *Full Name of Mother,* Mary E. Conner
6. *Mother's Maiden Name,* Mary E. McCann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* M. J. Conner
9. *Father's Occupation,* Sexton of St. Cathedral
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. S. Tippett M.D.

Address, 216 N. Howard

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 11 - 1881
4. *Place of Birth, (Street and Number)* No 422 E. Fayette St
5. *Full Name of Mother,* Kate E. Higgins
6. *Mother's Maiden Name,* Kate E. Radley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H. Higgins
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McElderry st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11/1135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 11 of May 1881
4. *Place of Birth, (Street and Number)* 222 W. Pratt St
5. *Full Name of Mother,* Henrietta Wolff
6. *Mother's Maiden Name,* — — Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hamilton Wolf
9. *Father's Occupation,* Shoe Store
10. *Father's Birthplace,* Portuguese

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Ulbig

Address, 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

47439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May the 11 1881
4. *Place of Birth, (Street and Number)* 25 Baker St
5. *Full Name of Mother* Katie Gross
6. *Mother's Maiden Name* Katie Newbert
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Franck Gross
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meseurdi

Address 346 Penna ave

Remarks cause of Death Delicate child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of May
4. *Place of Birth, (Street and Number)* Baltimore County (Ne Neck.)
5. *Full Name of Mother,* Laura Homberg
6. *Mother's Maiden Name,* — Götz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Heinrich Homberg
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Emden (Germ)

Name of Medical Attendant, or other Person who makes this Return. G. Behnken (Midwife)

Address, 20 Gist Street.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47441

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of May
4. *Place of Birth, (Street and Number)* 248 S. Sharp St
5. *Full Name of Mother,* Elizabeth Gumpman
6. *Mother's Maiden Name,* Elizabeth Armbrust
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Gumpman
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharina Mauch

Address, 1 Lardenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

4744-26

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 11th 1881
4. Place of Birth (Street and Number) 152 N. Front St.
5. Full Name of Mother Isabella Perry
6. Mother's Maiden Name McCoy
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Perry
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address 4 Cathedral St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

11711113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* ~~1st, 2d~~, 3*d*, &c.)

1. *Sex*, (*state whether male or* ~~*female*~~)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, May 11. 1881.
4. *Place of Birth*, (*Street and Number*) S. Register 42
5. *Full Name of Mother*, Anny Dennelein
6. *Mother's Maiden Name*, Glass
7. *Mother's Birthplace*, Bavern
8. *Full Name of Father*, Heinrich Dennelein
9. *Father's Occupation*, Werftwarter
10. *Father's Birthplace*, Bavern

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Traubach

Address, S. Wolfstr no 14

Remarks, Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* bk
3. *Date of Birth* May 11. 1881
4. *Place of Birth (Street and Number)* 100 Jasper St
5. *Full Name of Mother* Mary Sampson
6. *Mother's Maiden Name* " Johnson
7. *Mother's Birthplace* md.
8. *Full Name of Father* ~~David~~ John Sampson
9. *Father's Occupation* Coachman
10. *Father's Birthplace* md.

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill MD

Address 129 W. Biddle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47445

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 11th 1881.
4. *Place of Birth, (Street and Number)* # 255 North Eager st.
5. *Full Name of Mother* Katherine Bersterman.
6. *Mother's Maiden Name* Katherine Remmel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Bersterman
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Aug Hillegeist.

Address 182 East Monument st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11711 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1851
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12th 1851
4. *Place of Birth, (Street and Number)*	561 Hanover st
5. *Full Name of Mother,*	Sarah F Foster
6. *Mother's Maiden Name,*	Sarah F Davis
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Franklin F Foster
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Cecil Co Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	140 Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47447

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12 — 81
4. *Place of Birth, (Street and Number)* 164 Myrtle ave
5. *Full Name of Mother,* Wilha Cramer
6. *Mother's Maiden Name,* " Sorden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Horace Cramer
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Carroll Co Maryland

Name of Medical Attendant, or other Person who makes this Return W. F. Kemp

Address, 55 N. Greene St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 M Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 12 th 1881

4. *Place of Birth, (Street and Number)* 195 Sharp st

5. *Full Name of Mother,* Magdalena Lausch

6. *Mother's Maiden Name,* Sick

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Carl Lausch

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwarzer midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT MAY 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11744 9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 12 the 1881
4. *Place of Birth, (Street and Number)* 17 Ringgold Alley
5. *Full Name of Mother,* Louise Vogt
6. *Mother's Maiden Name,* Louise Kleinhan
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* G. A. H. Vogt
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schlicht

Address, 20 Columbia st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4744.50

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* May 12. 1881
4. *Place of Birth, (Street and Number)* plash alley No 5
5. *Full Name of Mother,* Harriett Adams
6. *Mother's Maiden Name,* Harriet Lee
7. *Mother's Birthplace,* Baltimare
8. *Full Name of Father,* John Adams
9. *Father's Occupation,* oyster shucker
10. *Father's Birthplace,* Baltimare

Name of Medical Attendant, or other Person who makes this Return. annie Johnson

Address, No 80 plum alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT
MAY
16
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* =
3. *Date of Birth,* 12 May
4. *Place of Birth, (Street and Number)* No 62 Eastern Ave
5. *Full Name of Mother,* Katie Doty
6. *Mother's Maiden Name,* Deerbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Doty
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Vernon

Address, No 70 Bromby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

4-7452

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
18
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12th, 1881
4. *Place of Birth* (Street and Number) # 240 S. Broadway
5. *Full Name of Mother* Cecilia May
6. *Mother's Maiden Name* Cecilia Kaufman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis May
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John H. Rehberger M.D.

Address # 243 Alice Anna

Remarks Good physical condition.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

4/11 53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12th 81
4. *Place of Birth, (Street and Number)*	# 128. Conway St.
5. *Full Name of Mother,*	Anna Englebach
6. *Mother's Maiden Name,*	" Schmidt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George. Englebach
9. *Father's Occupation,*	Basket maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Krok
Address,	328 E. Eutaw St.
Remarks,	

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

11.7.11.511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 12th May
4. *Place of Birth, (Street and Number)* 249 Lee st
5. *Full Name of Mother* Virginia Evatt
6. *Mother's Maiden Name* " Johnson
7. *Mother's Birthplace* Md
8. *Full Name of Father* Harry Evatt
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. H. M. Hebbert

Address 57 Barnes st.

Remarks

47455

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th of May
4. *Place of Birth, (Street and Number)* 95 Oak St
5. *Full Name of Mother,* Margaret Dorr
6. *Mother's Maiden Name,* " Seypoldt
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Adolphus Dorr
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1891
4. *Place of Birth (Street and Number)* 420 N. Fulton
5. *Full Name of Mother* Annie D. Hurley
6. *Mother's Maiden Name* Annie D. Furgerson
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Steven Hurley
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis

Address 162. Hanover st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47457

HEALTH DEPARTMENT JUL 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wh.
3. *Date of Birth* May 12th 1881
4. *Place of Birth (Street and Number)* 318 Alice Anna St.
5. *Full Name of Mother* Sophia F. Rasmussen
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Rasmussen
9. *Father's Occupation* Dealer in Paints Oils &c
10. *Father's Birthplace* Norway

Name of Medical Attendant, or other Person who makes this Return. E. B. Brillon M.D.

Address 57 S. Broadway

Remarks

RETURN OF A BIRTH

11458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 12th 1881
4. *Place of Birth, (Street and Number)* 182 S. Ann st.
5. *Full Name of Mother,* Louisa Yarnuscle
6. *Mother's Maiden Name,* " Fredrick
7. *Mother's Birthplace,* City.
8. *Full Name of Father,* George Yarnuscle
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47459

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12th. 1881.
4. *Place of Birth, (Street and Number)* No. 136 N. Spring St.
5. *Full Name of Mother,* Sarah Saxy
6. *Mother's Maiden Name,* " Hammer
7. *Mother's Birthplace,* North Caroline
8. *Full Name of Father,* Andrew Saxy.
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.

Address, No 185. S.E. cor. Centrel av. & Monument. St.

Remarks, All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

474460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
9
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 5 th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, May 12 th. 1881.
4. *Place of Birth*, (*Street and Number*) No. 32. Miller Street.
5. *Full Name of Mother*, Agnes Frost.
6. *Mother's Maiden Name*, Agnes Huber
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Thomas Frost.
9. *Father's Occupation*, Engenear
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt

Address, No 185 S.E. cor. Central av. & Monument St.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47461

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12th 1881
4. *Place of Birth, (Street and Number)*	139 Scott
5. *Full Name of Mother,*	Ida S. ~~Poulton~~ Desmo
6. *Mother's Maiden Name,*	" " Poulton
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm G. Desmo Jr
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Jno D. Blake Jr
Address,	168 S Pacific
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1881
4. *Place of Birth, (Street and Number)* 146 Hanover St
5. *Full Name of Mother,* Sallie B. Cooke
6. *Mother's Maiden Name,* Sallie B. Gouteau
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Theodore Cooke
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47463

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 13th 1881.
4. *Place of Birth, (Street and Number)* # 166½ Ensor street
5. *Full Name of Mother* Mary Bornman.
6. *Mother's Maiden Name* Mary Diebel
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Christian Bornman.
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Killegerst

Address 162 East Monument street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11/11 611

HEALTH DEPARTMENT MAR 1931 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* March 13 31
4. *Place of Birth, (Street and Number)* 117 N. Schroeder St
5. *Full Name of Mother* Pauline M. Katenkamp,
6. *Mother's Maiden Name* Schanner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm J. Katenkamp
9. *Father's Occupation* Roofer & Sheetmetal Worker V.C.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M. D.

Address 205 N. Bradford St.

Remarks

...ital Statistics in the City of Baltimore.

...cheur, midwife, or other person in charge, who shall attend, assist or advise ...within the City of Baltimore, shall report to the registrar aforesaid, within six days ...stinctly the date of birth, sex, and color of the child or children born, its or their physical ...ether still born or not, the full name, nativity, and residence of the parents, and the maiden ... the mother of such child or children.

47465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* May 13
4. *Place of Birth (Street and Number)* 49 Warren ave
5. *Full Name of Mother* Annie Winkleman
6. *Mother's Maiden Name* " Jarrett
7. *Mother's Birthplace* Md
8. *Full Name of Father* Zebedee Winkleman
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R. H. P. Ewis

Address 813 Light St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

117466

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 13th 1881
4. *Place of Birth, (Street and Number)* Baltimore Columbia A St No 96
5. *Full Name of Mother* Kate Coupenspire
6. *Mother's Maiden Name* " Craven
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charley Coupenspire
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 58 Parkin St.

Remarks

RETURN OF A BIRTH.

11467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1881
4. Place of Birth (Street and Number)	225 N. Mount st
5. Full Name of Mother	Helen Mary Morton
6. Mother's Maiden Name	" " Levering
7. Mother's Birthplace	B. C.
8. Full Name of Father	Henry S. Morton
9 Father's Occupation	Clerk - Bradstreet Agency
10. Father's Birthplace	Va.
Name of Medical Attendant, or other Person who makes this Return.	D. Harvey Gill M.D.
Address	119 Edmondson ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47468

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 13
4. *Place of Birth, (Street and Number)* 24 Johnston st
5. *Full Name of Mother* Mary E Beall
6. *Mother's Maiden Name* " " Wheeler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Horatio Beall
9. *Father's Occupation* Coulker
10. *Father's Birthplace* Princes georges County

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH

11-711-69

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13 1881
4. *Place of Birth, (Street and Number)* Randall Street
5. *Full Name of Mother,* Rebecca Scingate
6. *Mother's Maiden Name,* Rebecca Sheckles
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* James Scingate
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

CERTIFICATE CORRECTED 1-3-52

RETURN OF A BIRTH

47470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Florence Lily May Kriete

HEALTH DEPARTMENT MAY 8 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13th May - 1881

4. *Place of Birth, (Street and Number)* 171 Patterson Park Ave

5. *Full Name of Mother,* Amelia (~~Kriete~~) Kriete

6. *Mother's Maiden Name,* " (~~Bergner~~) Bergner

7. *Mother's Birthplace,* West Carolina

8. *Full Name of Father,* Herman (~~Kriete~~) Kriete

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Miss Lilly

Address. No 12 Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47471

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 18 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 13th 1881
4. *Place of Birth, (Street and Number)* No 112 Aine St
5. *Full Name of Mother,* Ellen Newman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anna Rundle County Maryland
8. *Full Name of Father,* Peter Newman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11/4/79

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Frank Albert

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 th of May
4. *Place of Birth, (Street and Number)* No 48 Central Ave
5. *Full Name of Mother,* Lizibeth Albert
6. *Mother's Maiden Name,* Blume
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Sebastian Albert
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14-7473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th, 1891.
4. *Place of Birth, (Street and Number)* Gough St. No 209.
5. *Full Name of Mother,* Bridget E. Leonard
6. *Mother's Maiden Name,* Bridget E. Cerndy
7. *Mother's Birthplace,* Clair County, Ir. Gr. Brit. Europa
8. *Full Name of Father,* Patrick H. Leonard
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Clair County Ir. Gr. Brit. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Bond St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4744744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Negro Mulatto
3. *Date of Birth* May 14th 1881
4. *Place of Birth* (Street and Number) 6 New Ch. St.
5. *Full Name of Mother* Isabella Fruscelli
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* England
8. *Full Name of Father* Henry Fruscelli
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Jas. L. Jay M.D.

Address Park Ave & Mulberry St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 13th 1881.
4. *Place of Birth, (Street and Number)*	45 S. Exeter St.
5. *Full Name of Mother,*	Mary E. Laupheimer.
6. *Mother's Maiden Name,*	Mary E. Luther.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	David Laupheimer.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address,	227 Caroline ave.
Remarks,	Child Healthy.

HEALTH DEPT. MAY 23 1881 BALTIMORE MD.

JOHN B. PIET, PRINTER & STATIONER, BALT.

30

47476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13
4. *Place of Birth (Street and Number)* frist Cort
5. *Full Name of Mother* Clar T Burgan
6. *Mother's Maiden Name* Clar frumb
7. *Mother's Birthplace* Harford Road
8. *Full Name of Father* Edward ~~Burgan~~
9. *Father's Occupation* Labor
10. *Father's Birthplace* Harford ~~Road~~

Name of Medical Attendant, or other Person who makes this Return. Louisa Overton

Address 390 N Washing St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47477

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 May
4. *Place of Birth, (Street and Number)* 86 S Canal
5. *Full Name of Mother,* Ana Deley
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Georg Deley
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11/4/78

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 May 1881
4. *Place of Birth, (Street and Number)* 58 Enson St
5. *Full Name of Mother,* Louise Seebert
6. *Mother's Maiden Name,* Sachs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gus Seebert
9. *Father's Occupation,* Beer Saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Madame Uhlig

Address, 48 Holland St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4-94-79

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1891 BALTIMORE

Name: Clarence Eugene Weitzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13th of May

4. Place of Birth, (Street and Number) Balto. Fremont St. No. 191

5. Full Name of Mother, Helen Weitzel

6. Mother's Maiden Name, " Lyes

7. Mother's Birthplace, New Freedom, York County Penn.

8. Full Name of Father, H. Weitzel

9. Father's Occupation, Artist

10. Father's Birthplace, Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return M. A. Ledley

Address.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47480

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of May 1881
4. *Place of Birth, (Street and Number)* 49 Vine St
5. *Full Name of Mother,* Kunig Albert
6. *Mother's Maiden Name,* Kunig Fisher
7. *Mother's Birthplace,* Longenstock Bavaria Germany
8. *Full Name of Father,* Charles Albert
9. *Father's Occupation,* Porter in Shoe Store
10. *Father's Birthplace,* Strasendorf Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Katharina Mainz

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47481

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 13 1881.
4. *Place of Birth, (Street and Number)* Mw. Cor Gough & Castle Sts.
5. *Full Name of Mother,* Grace Hughes.
6. *Mother's Maiden Name,* " Dakin,
7. *Mother's Birthplace,* Nova Scotia.
8. *Full Name of Father,* Wm Hughes
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Nova Scotia

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich, M.D.

Address, 94 S. Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

117482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 13th 1881
4. *Place of Birth (Street and Number)* 58 Block st
5. *Full Name of Mother* Laura Sauer
6. *Mother's Maiden Name* " Dangel
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Sauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Best

Address 120 Bank st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Last
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13th 1891
4. *Place of Birth, (Street and Number)*	196 S. Schroeder St.
5. *Full Name of Mother,*	Eliza Schroeder
6. *Mother's Maiden Name,*	Eliza Dunnigan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Val. Schroeder
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary E Simms
Address,	191 S. Washington St.
Remarks,	

HEALTH DEPARTMENT JUN 10 1891 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

47484

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1881
4. *Place of Birth, (Street and Number)* 250 S. Charles St
5. *Full Name of Mother,* Mrs Beutz
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Beutz
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simmons

Address, 171 S. Washington St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47485

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14th 1881
4. *Place of Birth, (Street and Number)* # 196 Hanover st.
5. *Full Name of Mother* Mary Mulinarr
6. *Mother's Maiden Name* Mary Santueer
7. *Mother's Birthplace* Italy
8. *Full Name of Father* C Mulinarr
9. *Father's Occupation* Stencher Cutter
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Lena Hellegeist.

Address 182 East Monument st.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4744 86

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 20 1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 1881
4. Place of Birth (Street and Number)	604 Penna Ave
5. Full Name of Mother	Elinora Orem
6. Mother's Maiden Name	Elinora Hopkins
7. Mother's Birthplace	Balto Co
8. Full Name of Father	Wm Orem
9. Father's Occupation	Painter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Chas E Sadtler M D
Address	649 Penna Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11/11 81

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth May 14th

4. Place of Birth (Street and Number) 46 H E Lombard

5. Full Name of Mother Mary Meyer

6. Mother's Maiden Name Mary Smith

7. Mother's Birthplace Balt Md

8. Full Name of Father Frederick G Meyer

9. Father's Occupation Clerk

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Robt K Knead

Address 552 W Fayette St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4 7 4 8 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 14 1881
4. *Place of Birth, (Street and Number)* Hofman st 267
5. *Full Name of Mother,* Laura Willins
6. *Mother's Maiden Name,* Laura Deans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Danl Willins
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dooley

Address, 18 Little Welsh st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th of May
4. *Place of Birth, (Street and Number)* No 44 Hammer Alley
5. *Full Name of Mother,* Dora Schmidel Hoffmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fabian Schmidel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4/11/90

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 14th 1881
4. *Place of Birth, (Street and Number)* No 8 Patapsco Ave
5. *Full Name of Mother,* Ella Copley
6. *Mother's Maiden Name,* Ella Nash
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Henry Burke
9. *Father's Occupation,* Brickyard
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Ann Dorsey

Address, 64 Elbow Lane

Remarks, Five Dollars

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14 th
4. *Place of Birth (Street and Number)* 21 Holland st
5. *Full Name of Mother* Mary L Baines Taylor
6. *Mother's Maiden Name* Baines
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* John Taylor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Guy 13 Holland st

Remarks

RETURN OF A BIRTH

4744-92

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 May 1881

4. Place of Birth, (Street and Number) 148½ Madison St

5. Full Name of Mother, Rose Fink

6. Mother's Maiden Name, — Sadler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Fink

9. Father's Occupation, Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Rose Uhlig 48 Holland St

Remarks,

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47493

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14th 1881
4. *Place of Birth, (Street and Number)* 79 Charles Street Av
5. *Full Name of Mother* Rosina Passano Bighano
6. *Mother's Maiden Name* Rosina Passano
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John L. Bighano
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. T. O. Wilson Jr MD

Address 146 Park Av

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47494

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 14th 1881
4. *Place of Birth, (Street and Number)* 828 Pratt St
5. *Full Name of Mother* Johanna Kaufman
6. *Mother's Maiden Name* Johanna Ahers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Helfrich Kaufman
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meisenzehl

Address 345 Pedina

Remarks

47495

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14 1881
4. *Place of Birth, (Street and Number)* 25 Stockton St
5. *Full Name of Mother* Barbra Mihm
6. *Mother's Maiden Name* Barbra Maikrantz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Mihm
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messmeyer

Address 3 & 5 Pershaw ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47496

47496

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14 — 1881
4. Place of Birth (Street and Number)	64 Etting st
5. Full Name of Mother	Virginia A Garner —
6. Mother's Maiden Name	" Booker —
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William A Garner —
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	P. G. Rider M.D.
Address	89 Mulberry st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11711 97

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14. 1891.
4. *Place of Birth, (Street and Number)* 3 Bolton Terrace
5. *Full Name of Mother* Mary Agnes Tobin
6. *Mother's Maiden Name* Kinnehan
7. *Mother's Birthplace* Balto. City Md.
8. *Full Name of Father* David Tobin
9. *Father's Occupation* Clerk
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. W. Christian M.D.

Address 431 Lenox Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, ~~4c.~~) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th
4. *Place of Birth, (Street and Number)* No 78 Henrietta st
5. *Full Name of Mother,* Carolina Buhman
6. *Mother's Maiden Name,* " " Cliff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H Buhman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mung

Address, 1 Leadenhall st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 14th 1881

4. Place of Birth (Street and Number) 108 Hanover

5. Full Name of Mother Isabella Vane

6. Mother's Maiden Name Isabella Magee

7. Mother's Birthplace Maryland

8. Full Name of Father Joseph H. Vane

9. Father's Occupation Sailor

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. E. K. Wiley M.D.

Address 158 Hanover Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 14th 1881
4. *Place of Birth, (Street and Number)* 147 W. Townsend St.
5. *Full Name of Mother,* Laura Welsh
6. *Mother's Maiden Name,* Laura Earhart
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward Welsh
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. E. H. Miller M.D

Address, 89 N. Greene St

Remarks,

JOHN E. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47511
47501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 14, 1881
4. Place of Birth (Street and Number) Harford road opp. Darley Park
5. Full Name of Mother Maria Schroeder
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Christian Schroeder
9. Father's Occupation Brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. A. Elwell M. D.

Address 559 Harford avenue

Remarks This birth may be reported by the midwife, who was not on hand in time. I was called & gave necessary attendance, the midwife arriving some time after birth.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14/1
4. *Place of Birth, (Street and Number)* #162 S Register St
5. *Full Name of Mother,* Wilhelmine Koehler
6. *Mother's Maiden Name,* Gerken
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Koehler
9. *Father's Occupation,* Seemann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

HEALTH DEPARTMENT 1901 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 4 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14/81
4. *Place of Birth, (Street and Number)* #228 S. Ann St
5. *Full Name of Mother,* Annie Rittenbusch
6. *Mother's Maiden Name,* Locher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Rittenbusch
9. *Father's Occupation,* Conducter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Wm Louis Kraft

Address, #236 Eastern Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 14th 1881
4. *Place of Birth, (Street and Number)* 390 Little Alice Ann str
5. *Full Name of Mother,* Elizabeth Altwater
6. *Mother's Maiden Name,* " Shaake
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Altwater
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Retz

Address, 120 Rank st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

17555

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 th. 1881
4. *Place of Birth, (Street and Number)* No. 13. S. Albemarle St.
5. *Full Name of Mother,* Katie Hartung.
6. *Mother's Maiden Name,* Katie Halbrig.
7. *Mother's Birthplace,* Prussia Germany
8. *Full Name of Father,* August Hartung
9. *Father's Occupation,* Cabinet. maker.
10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Bitt.

Address, No 185. S. E. Cor Central av. & Monument St.

Remarks, Well.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 41506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 15 May
4. *Place of Birth, (Street and Number)* No 96 Exeter St
5. *Full Name of Mother,* Elizabeth Hunt
6. *Mother's Maiden Name,* Bachmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Hunt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th May

4. *Place of Birth, (Street and Number)* 212 Eastern Ave

5. *Full Name of Mother,* Jekabinca Zeller

6. *Mother's Maiden Name,* " Pfarner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Caspar Zeller

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

47508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 15th 1881
4. Place of Birth (Street and Number)	Montgomery " 133. Baltimore
5. Full Name of Mother	Louisa " Coy
6. Mother's Maiden Name	Reed
7. Mother's Birthplace	Norfolk
8. Full Name of Father	William " Coy
9. Father's Occupation	Laborer
10. Father's Birthplace	Norfolk
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 220 Montgomery St. Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17569

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 19 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th 8 45 P. M. 1891
4. *Place of Birth (Street and Number)* 233 Eagle St.
5. *Full Name of Mother* Winifred Costello
6. *Mother's Maiden Name* Winifred Hanlon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Bartley Costello
9. *Father's Occupation* Cedar Shingler
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. C. Donnelly M.D.

Address 297 E. Baltimore St.

Remarks

Health Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47510

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1881
4. *Place of Birth, (Street and Number)*	No 18 Hammond Alley
5. *Full Name of Mother,*	Ellen Gould
6. *Mother's Maiden Name,*	Ellen Kelly
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles Gould
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Eliza Flemming
Address,	No 95 E Albemarle Street (City)
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

Regulations of the Board of Health to secure a full and correct

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11/511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 15th
4. *Place of Birth, (Street and Number)* No 84 N Bond st
5. *Full Name of Mother* Louisa Schneider
6. *Mother's Maiden Name* " " Kesner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Schneider
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Getzke

Address No 56 S Bond st

Remarks

47512

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 15th 1881
4. *Place of Birth, (Street and Number)* Baltimore Lombard St No. 124
5. *Full Name of Mother* Maggie Cerl
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Cerl
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 cd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 15th 1881
4. *Place of Birth, (Street and Number)* 9 China st
5. *Full Name of Mother,* Anna Lessie
6. *Mother's Maiden Name,* Grieble
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Lessie
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* May 15th 1881
4. *Place of Birth, (Street and Number)* No 4 Blockhalin Street
5. *Full Name of Mother,* Josephine Bailey
6. *Mother's Maiden Name,* Josephine Best
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Josiah Bailey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Sommerset County Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Hall

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47515

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th May 1881
4. *Place of Birth, (Street and Number)* # 26 St. Peter St.
5. *Full Name of Mother,* Christina Schmidt
6. *Mother's Maiden Name,* " Dietz
7. *Mother's Birthplace,* Wurthemberg (Germany)
8. *Full Name of Father,* Bernhardt Schmidt
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mary Krol.

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT BALTIMORE

Birth and Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1887 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 15/87.
4. *Place of Birth, (Street and Number)*	135 S. Broadway
5. *Full Name of Mother,*	Massie Jay
6. *Mother's Maiden Name,*	A Sahm
7. *Mother's Birthplace,*	Bald.
8. *Full Name of Father,*	Thos. Jay
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Bald
Name of Medical Attendant, or other Person who makes this Return.	E. R. M. Caulfield
Address,	117 S. Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (9th)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 1st 1881
4. *Place of Birth, (Street and Number)* 228. N Gay St
5. *Full Name of Mother* Albina Lindemann
6. *Mother's Maiden Name* Rüdiger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Lindemann
9. *Father's Occupation* Butler
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. S W Sellers Sch

Address 474. N Gay St

Remarks

RETURN OF A BIRTH

47518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15 1881
4. *Place of Birth, (Street and Number)*	26 Geddings St
5. *Full Name of Mother,*	Jane Sturgeon
6. *Mother's Maiden Name,*	Jane Murdock
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	John Sturgeon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Tobe, M D
Address,	17 Harrison Av
Remarks,	

47519

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15/81
4. *Place of Birth, (Street and Number)* #48 Bank Str
5. *Full Name of Mother,* Emma Christ
6. *Mother's Maiden Name,* Roslor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philipp Christ
9. *Father's Occupation,* Tobacco Schipper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Hol

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47520

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th. 1881.
4. *Place of Birth, (Street and Number)* No. 268. N. Bond.
5. *Full Name of Mother,* Caroline Wise
6. *Mother's Maiden Name,* Caroline Ehring.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Louis Wise
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt.

Address, No. 185. S.E. cor Centre av & Monument St.

Remarks, All Well.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47521

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th. 1881.
4. *Place of Birth, (Street and Number)* No. 362 (N.E.) Fayetta. & Wolf St.
5. *Full Name of Mother,* Ellen Deppert.
6. *Mother's Maiden Name,* Ellen Lampert.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joe Deppert.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.

Address, No. 185. S.E. cor. Centre, av & Monument. St.

Remarks, Well.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47522

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* (No 174. N. ~~Chst~~ Chestnut Street.
4. *Place of Birth, (Street and Number)* May 15th, 1881.
5. *Full Name of Mother,* C. Dennis
6. *Mother's Maiden Name,* C. Piercy.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Wm. Dennis
9. *Father's Occupation,* Cannmaker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Bull.

Address, No 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well.

Heretofore Registrars of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over 47525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Name: Belle Peters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 15, 1881
4. *Place of Birth, (Street and Number)* 351 N Broadway
5. *Full Name of Mother,* Isabel V. Peters
6. *Mother's Maiden Name,* " Humphreys.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Scott Peters
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. W B White M.D.

Address, 327 N. Broadway

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1881
4. Place of Birth (Street and Number)	Baltimore Hughes St No 100
5. Full Name of Mother	Mary Fulton
6. Mother's Maiden Name	" McKan
7. Mother's Birthplace	Germany
8. Full Name of Father	John Fulton
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	220 E. Montgomery St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid; within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

47524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1881
4. Place of Birth (Street and Number)	Baltimore Hughes St No 100
5. Full Name of Mother	Mary Fulton
6. Mother's Maiden Name	" McKan
7. Mother's Birthplace	Germany
8. Full Name of Father	John Fulton
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	220. Montgomery St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Corlet
3. Date of Birth May 16 1881
4. Place of Birth (Street and Number) No 39 William st
5. Full Name of Mother Emma Smith
6. Mother's Maiden Name Emma tyler
7. Mother's Birthplace Baltimore city
8. Full Name of Father James tyler
9. Father's Occupation oyster shucker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address May Chas.

Remarks No 11 Grindall court

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th of May
4. *Place of Birth, (Street and Number)* No. 26 Miller St
5. *Full Name of Mother,* Sophia Pfeiffer
6. *Mother's Maiden Name,* Schmeler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pfeiffer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 76 Hanby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11.7528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1881 BALTIMORE

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White "
3. *Date of Birth,* May 16th 1881
4. *Place of Birth, (Street and Number)* No 246 Johnson street
5. *Full Name of Mother,* Fanny Thompson
6. *Mother's Maiden Name,* Fanny Jackson
7. *Mother's Birthplace,* Balt City md
8. *Full Name of Father,* Samuel Jackson
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hanton

Address, No 666 South Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11529

HEALTH DEPARTMENT 20 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of May 1881.
4. *Place of Birth, (Street and Number)* 332 North West Durham street.
5. *Full Name of Mother,* July Horny
6. *Mother's Maiden Name,* July Ries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Ries
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 7530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1891
4. *Place of Birth, (Street and Number)* 123 Hollins St.
5. *Full Name of Mother,* Mrs. Annie Coleman
6. *Mother's Maiden Name,* " Meyerhell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James H. Coleman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Wm Gambel M. D.

Address, 170 S. Sharp St.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

17331

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Balti May. 16th 1881.
4. *Place of Birth, (Street and Number)* do 11. Bruck. St.
5. *Full Name of Mother,* Magd. Hauk.
6. *Mother's Maiden Name,* A. Bauserin.
7. *Mother's Birthplace,* Markheidenfeld.
8. *Full Name of Father,* Valentin Hauk.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Bischofsheim. Baden.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Lindner.

Address, 1045 S. Howard St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47532

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16 - 1881
4. *Place of Birth, (Street and Number)* No 467 E. Eager St
5. *Full Name of Mother,* Johanna Dougherty
6. *Mother's Maiden Name,* Johanna Eagan
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Michael J. Dougherty
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

Extract Regulations of the Board of Health of the City of Baltimore.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4-7533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1881
4. Place of Birth (Street and Number)	357 N. Broadway
5. Full Name of Mother	Caroline Louisa Murphey
6. Mother's Maiden Name	" Bradley
7. Mother's Birthplace	Lancaster Co Penn
8. Full Name of Father	Marcus L. Murphey
9. Father's Occupation	Farmer
10. Father's Birthplace	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	E. Hall Cutler M.D.
Address	157. Aisquith St.
Remarks	

Extract Regulations of the Board of Health, relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47534

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 May
4. *Place of Birth, (Street and Number)* 32 Mc Elderley
5. *Full Name of Mother,* Johana Blum
6. *Mother's Maiden Name,* Bolman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Blum
9. *Father's Occupation,* Juweler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47535

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Mai
4. *Place of Birth, (Street and Number)* 48 Abott St.
5. *Full Name of Mother,* Josefine Rada
6. *Mother's Maiden Name,* " Vandráček
7. *Mother's Birthplace,* Rejkovic Bohemia
8. *Full Name of Father,* Venzel Rada
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Mislic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

Extract Regulations of the Board of Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 16th 1881
4. *Place of Birth (Street and Number)* No 120 Bank St
5. *Full Name of Mother* Kate Reinheimer
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* City
8. *Full Name of Father* Frederick Reinheimer
9. *Father's Occupation* Segarmaker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 16th 1881
4. *Place of Birth (Street and Number)* 241 Canton Ave
5. *Full Name of Mother* Mary Baer
6. *Mother's Maiden Name* " Grabin
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Baer
9. *Father's Occupation* Barber
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47538

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 b

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16. 1881
4. *Place of Birth, (Street and Number)* S. Schappelstr 126
5. *Full Name of Mother,* Anny Fiole
6. *Mother's Maiden Name,* Dasing
7. *Mother's Birthplace,* Baiern
8. *Full Name of Father,* Peter Fiole
9. *Father's Occupation,* Steinhauer
10. *Father's Birthplace,* Italien

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolfstr No 14

Remarks, Midwife

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Office Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 /
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16/91
4. *Place of Birth, (Street and Number)*	#182 Eden St
5. *Full Name of Mother,*	Mary Kueling
6. *Mother's Maiden Name,*	Schiedrann
7. *Mother's Birthplace,*	Hessen
8. *Full Name of Father,*	Karl Kueling
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Magdeburg
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kaufl
Address,	236 Caroline Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

175110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th May 91
4. *Place of Birth, (Street and Number)* 466 Fremont St.
5. *Full Name of Mother,* Ella C. Miles
6. *Mother's Maiden Name,* Ella C. Forsythe
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry W Miles
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 84 N. Greene St.

Remarks,

JOHN D. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

475441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE
1891

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th May
4. *Place of Birth, (Street and Number)* 87 Oak St
5. *Full Name of Mother,* Mary Montgomery
6. *Mother's Maiden Name,* Leard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Montgomery
9. *Father's Occupation,* Cotton maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Leary

Address, 369 Cathedral St

Remarks,

47542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May. 16. 1881
4. *Place of Birth (Street and Number)* 63 Mosher St
5. *Full Name of Mother* Katie P. Frailey
6. *Mother's Maiden Name* " " Jones
7. *Mother's Birthplace* md
8. *Full Name of Father* L. Marshall Frailey
9. *Father's Occupation* Clerk
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill MD.

Address 129 W. Biddle St

Remarks

Extract Registration of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47543

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1881
4. *Place of Birth, (Street and Number)* 245 Maryland Av
5. *Full Name of Mother,* Lillie E. Martin
6. *Mother's Maiden Name,* Lillie E. Osborne
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Geo H. Martin
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return G. W. Mitterberger

Address. 1121 W. Monroe St

Remarks,

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11750-11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 17th 1881
4. *Place of Birth, (Street and Number)*	* 3 Spring Court
5. *Full Name of Mother,*	Celia Barton
6. *Mother's Maiden Name,*	Celia Tuffler
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Cyrus Barton
9. *Father's Occupation,*	"Rigger"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	L. L. Billing, M. D.
Address,	Res Phys Maternite Hospital
Remarks,	* 161 W Lombard St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Brown Skin
3. *Date of Birth* May 17th
4. *Place of Birth (Street and Number)* 151 Ratorg St
5. *Full Name of Mother* Emma Fallot
6. *Mother's Maiden Name* Emma Griffith
7. *Mother's Birthplace* Glawcen Va
8. *Full Name of Father* Charlie Fallot
9. *Father's Occupation* Hoe Carrier
10. *Father's Birthplace* Glawcen Va.

Name of Medical Attendant, or other Person who makes this Return. Elvira Harris.

Address No 2 Penn alley. Baltimore City

Remarks a seven months Child, very delicate & small

She is as well as could be expected at this time

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 17th 1891
4. *Place of Birth, (Street and Number)* No 241 Pennsylvania Ave
5. *Full Name of Mother,* Mary E Zimmerman
6. *Mother's Maiden Name,* Mary E Lilly
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* Charles H Zimmerman
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hunter

Address, No. 666 South Charles street

Remarks,

Extract Regulations of the Board of Health to secure a Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47547

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored May 15 1881
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 88 Chesnut St
5. *Full Name of Mother,* May Young
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 115 Fairmount St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 18 1881

HEALTH DEPARTMENT MAY 20 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 17th 1881.
4. *Place of Birth, (Street and Number)* 169 Ann Street
5. *Full Name of Mother,* Annie Zinner
6. *Mother's Maiden Name,* Annie Weitzel
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Jim Zinner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mayhurst.

Address, 137 South Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17649

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 17th 81.
4. *Place of Birth, (Street and Number)* No 89 S. Bethel st
5. *Full Name of Mother* Augusta Friese
6. *Mother's Maiden Name* Kramer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Friese
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Geltzke

Address _____

Remarks _____

47550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 17th 1881
4. Place of Birth (Street and Number)	Baltimore Rabory at no 73
5. Full Name of Mother	Hester Lawrence
6. Mother's Maiden Name	Hester White
7. Mother's Birthplace	Carolina Co
8. Full Name of Father	Jacob Lawrence
9. Father's Occupation	Rag Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas Francis Granby
Address	
Remarks	

47551

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* White.
2. *Race or Color, (if not of the white race)* Boy
3. *Date of Birth,* 17th May 1881
4. *Place of Birth, (Street and Number)* Balte. Mc Elderry st No 122
5. *Full Name of Mother,* Mag Lash
6. *Mother's Maiden Name,* M. Marcick
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* J. Lash
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mag Koptist

Address, 69 Washington st

Remarks,

Mag Koptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17552

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* May 17th 1881
4. *Place of Birth, (Street and Number)* 640 Light st
5. *Full Name of Mother* Lizzie Klein
6. *Mother's Maiden Name* Lizzie Gring
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Henry Klein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makee this Return. Louis Gund

Address 634 Light St

Remarks

47553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 17th '81
4. Place of Birth (Street and Number) 341 E. Fayette
5. Full Name of Mother Ellen Scolly
6. Mother's Maiden Name Ellen Cuckley
7. Mother's Birthplace Balt. City
8. Full Name of Father John Scolly
9. Father's Occupation Shoemakers trimmings & supplies
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Mommonier M.D.

Address S. W. Colm & Reed m

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

475571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 17th 1881
4. *Place of Birth, (Street and Number)* 234 Lexington Street
5. *Full Name of Mother* Margaret Boyle
6. *Mother's Maiden Name* Buschmann
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm. H. Boyle
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldrum M.D.

Address 4 pr. N. Gay Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

117555

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 birth

1. *Sex (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth* 17. of May.
4. *Place of Birth, (Street and Number)* 58 S. Cass. el St.
5. *Full Name of Mother* Barberre. Fernstein
6. *Mother's Maiden Name* + + Welch.
7. *Mother's Birthplace* Woffedorf. Baiern.
8. *Full Name of Father* John. Fernstein
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Arnstein Baiern

Name of Medical Attendant, or other Person who makes this Return. Mis Maurer.

Address No 173 Bank. St.

Remarks

RETURN OF A BIRTH

47356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH DEPARTMENT
MAY 27 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Mai
4. *Place of Birth, (Street and Number)* 44 Abath
5. *Full Name of Mother,* Josefine Sufsik
6. *Mother's Maiden Name,* " " Wicc
7. *Mother's Birthplace,* Lukawec Bohemia
8. *Full Name of Father,* Albert Sufsik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Nalian Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefina Konrad

Address, 20 Barnes St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

11757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wh.
3. *Date of Birth* May 17th 1881
4. *Place of Birth (Street and Number)* 196 S. Chester St.
5. *Full Name of Mother* Mary F. Funk
6. *Mother's Maiden Name* Jarvis
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Chas. W. Funk
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.

Address 51 S. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CONTENTS RECORDED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 1 1891
4. *Place of Birth, (Street and Number)*	#28 Bank St
5. *Full Name of Mother,*	Katie Roth
6. *Mother's Maiden Name,*	Holdaefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Roth
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krapf
Address,	#286 Canton Ave
Remarks,	

HEALTH DEPARTMENT JULY 2 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 17th 1881
4. *Place of Birth, (Street and Number)*	379 Eastern Ave
5. *Full Name of Mother,*	Maria Heiser
6. *Mother's Maiden Name,*	" Hecht
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Heiser
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Betz
Address,	120 Bank
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47560

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* May 17th 1881.
4. *Place of Birth, (Street and Number)* # 112. 114. 116. East Madison st
5. *Full Name of Mother* Sophia Telgkamp
6. *Mother's Maiden Name* Sophia Pflueger.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Herman Telgkamp.
9. *Father's Occupation* Wagon Builder.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address 162 East Monument st

Remarks

RETURN OF A BIRTH.

4.7561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1881
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th — 1881
4. Place of Birth (Street and Number)	301 Druid Hill Ave
5. Full Name of Mother	Emma E Gould
6. Mother's Maiden Name	Dansford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Wallace Gould
9. Father's Occupation	Gentleman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C Winslow for Dr C Thomas
Address	28 McCulloch St
Remarks	

47562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female Wite
2. *Race or Color (if not of the white race)* Wite
3. *Date of Birth* 18 May
4. *Place of Birth (Street and Number)* 33 east Mounment st
5. *Full Name of Mother* Augustey Lousky
6. *Mother's Maiden Name* Augustey Seller
7. *Mother's Birthplace* Germaney
8. *Full Name of Father* William Seller
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this return G Glasco

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47563

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

Name of child: Arthur C. Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 18th 1881
4. *Place of Birth, (Street and Number)* Baltimore Mosher St. No. 225
5. *Full Name of Mother* Ella Davis
6. *Mother's Maiden Name* " Russel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Davis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks

RETURN OF A BIRTH

47564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th May 1881
4. *Place of Birth, (Street and Number)* Balto. Washington No 100
5. *Full Name of Mother,* Anna Hort
6. *Mother's Maiden Name,* A. Simon
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jo Hurt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mag Koptist

Address, 69 Washington st

Remarks,

Mag Koptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 18th 1881
4. *Place of Birth (Street and Number)* 810 east fayette st
5. *Full Name of Mother* Mrs Rosse Miller
6. *Mother's Maiden Name* Miss Rosse Reinold
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Herman Miller
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Fisher

Address 83. North arm street

Remarks

RETURN OF A BIRTH

47566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 18 of May 1881
4. *Place of Birth, (Street and Number)* 104 Low St
5. *Full Name of Mother,* Bertha Ullman
6. *Mother's Maiden Name,* Meilhouse
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Jakob Ullman
9. *Father's Occupation,* Shoe Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Ulbig

Address, 48 Holland St Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	May 18th 1881
4. *Place of Birth, (Street and Number)*	238 Leigh St
5. *Full Name of Mother,*	Sarah E. Kirkwood
6. *Mother's Maiden Name,*	Sarah E. Adams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob F. Kirkwood
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	1405 Penn
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

17568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 18th of May.

4. *Place of Birth, (Street and Number)* 321 Hoffman St

5. *Full Name of Mother,* Ruth Pinder

6. *Mother's Maiden Name,* Jones

7. *Mother's Birthplace,* England

8. *Full Name of Father,* George Pinder

9. *Father's Occupation,* Boot-finder

10. *Father's Birthplace,* Rattington

Name of Medical Attendant, or other Person who makes this Return. Charles M Cosby

Address, 369 Cathedral St

Remarks,

RETURN OF A BIRTH

#17569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 to

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 18. 1881
4. *Place of Birth, (Street and Number)* S. Schappel str No 18
5. *Full Name of Mother,* Franziska Backof
6. *Mother's Maiden Name,* Berne
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Georg Backof
9. *Father's Occupation,* Wirkstmeister
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Rauenbusch

Address, S. Wolf str No 14

Remarks, Midwife

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

Extract from Regulations of the Board of Health of Baltimore.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* may 15 1891

4. *Place of Birth, (Street and Number)* black alley between Mount & Hendee St

5. *Full Name of Mother,* annie Eliza greene

6. *Mother's Maiden Name,* annie Eliza Sweeney

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James greene

9. *Father's Occupation,* farmer

10. *Father's Birthplace,* calvert county md

Name of Medical Attendant, or other Person who makes this Return. annie johnson

Address, 80 plum alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47571

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th 1881
4. *Place of Birth, (Street and Number)* No 88 Payson St.
5. *Full Name of Mother,* Laura Ridgaway
6. *Mother's Maiden Name,* " Boster
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* John Ridgaway
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Phil. Penn.

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman

Address, 435 W. McHenry St.

Remarks, Strong healthy child.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

14572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full ... Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* May 18, 1881
4. *Place of Birth, (Street and Number)* Hoffman near Washington St
5. *Full Name of Mother,* Susan H. Lake
6. *Mother's Maiden Name,* " " Joyce
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Chas. H. Lake
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Boston

Name of Medical Attendant, or other Person who makes this Return. W. B. Bibb, M.D.

Address, 967 N. Broadway

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

17573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 19th 1881
4. *Place of Birth, (Street and Number)*	74 Hamburg st
5. *Full Name of Mother,*	Jennie Hertel
6. *Mother's Maiden Name,*	Barth
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Ferdinand Hertel
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser midwife
Address,	330 Hanover st
Remarks,	

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 19th 1881

4. Place of Birth (Street and Number) Baltimore Covington St 26

5. Full Name of Mother Emma Smith

6. Mother's Maiden Name Emma ~~Barnes~~ Barnes

7. Mother's Birthplace Baltimore

8. Full Name of Father Charlie Smith

9. Father's Occupation Laborer ~~[illegible]~~

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address 220 Montgomery St Balti

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth may 19 1881
4. Place of Birth, (Street and Number) 74 block street
5. Full Name of Mother ann Elizibeth Calanan
6. Mother's Maiden Name ann Elizibeth moony
7. Mother's Birthplace ireland
8. Full Name of Father richard Calanan
9. Father's Occupation Ship carver
10. Father's Birthplace ireland

Name of Medical Attendant, or other Person who makes this Return. mary corner 153

Address collington ave

Remarks

RETURN OF A BIRTH.

47576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1881
4. Place of Birth (Street and Number)	42 Conway St
5. Full Name of Mother	Susan Dorr
6. Mother's Maiden Name	" Abbott
7. Mother's Birthplace	Dorchester Co — Maryland —
8. Full Name of Father	Lawrence A. Dorr
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	S. A. Beck MD
Address	161 S. Sharp St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4-7577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 19th
4. *Place of Birth, (Street and Number)* 190 Constitution St
5. *Full Name of Mother,* Mary Elizabeth Tibbs
6. *Mother's Maiden Name,* Mary Elizabeth Galloway
7. *Mother's Birthplace,* Frederick City Md
8. *Full Name of Father,* Charles Henry McBlair Tibbs
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return E Jos Walls M.D.

Address, 27 N Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the mother and child is well
1. Sex (state whether Male or Female)	the child is a Boy
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	thursday the 19 may
4. Place of Birth (Street and Number)	8 & 10 McElderry street
5. Full Name of Mother	Louira morton
6. Mother's Maiden Name	Louira West
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Richard Louies morton
9. Father's Occupation	teemster
10. Father's Birthplace	Franklin City Va
Name of Medical Attendant, or other Person who makes this Return.	anna dunston
Address	122 N Dallor street
Remarks	the mother is in Good helth and the child is all

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47579

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19 – 1881
4. *Place of Birth (Street and Number)* 106 Mosher St
5. *Full Name of Mother* Annie M. O'Neill
6. *Mother's Maiden Name* " " Bannon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John V. O'Neill
9. *Father's Occupation* Fire man
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett M.D.

Address 92 Mosher St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47580

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2 Childe

1. *Sex, (state whether male or female)* Female Childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* on the 19. of may the yare of 1881
4. *Place of Birth, (Street and Number)* No 181. yark street
5. *Full Name of Mother,* Miss Henrietta Jefferson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore M. D. 1881
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No. 181 Yark street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 19th '81
4. Place of Birth (Street and Number) 412 E. Balt. St.
5. Full Name of Mother Emma Robinson
6. Mother's Maiden Name Emma Walker
7. Mother's Birthplace Balt. City
8. Full Name of Father Edward Robinson
9. Father's Occupation Brickmaker
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Mourmonier M.D.

Address S. W. Calvert & Reed Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 19th 1881
4. *Place of Birth, (Street and Number)*	88 Parkin St
5. *Full Name of Mother,*	Sallie Mylls
6. *Mother's Maiden Name,*	Sallie Clement
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thos Mills
9. *Father's Occupation,*	Storekeeper
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address.	146 Lanvale
Remarks.	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Mai
4. *Place of Birth, (Street and Number)* 25 Abott
5. *Full Name of Mother,* M König
6. *Mother's Maiden Name,* " Vutfarn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August König
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

47584

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 19 1881
4. *Place of Birth, (Street and Number)* 14 Pearally
5. *Full Name of Mother* Mary West
6. *Mother's Maiden Name* Mary Haltzlein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adolph Wes
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Messinger

Address 845 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1881
4. *Place of Birth, (Street and Number)* 194 Hanover & Hill St
5. *Full Name of Mother,* Elifath Elisabeth Lehr
6. *Mother's Maiden Name,* Elisabeth Steinmüller
7. *Mother's Birthplace,* Heuchelheim Hessen Darmstadt Germany
8. *Full Name of Father,* Louis Lehr
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Katharina Münch

Address, 1 Leadenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19th 1881
4. *Place of Birth (Street and Number)* 57 S. Broadway
5. *Full Name of Mother* Eliza T. Britton
6. *Mother's Maiden Name* Money
7. *Mother's Birthplace* Kent Co. Md
8. *Full Name of Father* Edgar B Britton
9. *Father's Occupation* Physician
10. *Father's Birthplace* Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. E B Britton M.D.

Address 57 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4758?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 3 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday May 19th. 1881
4. *Place of Birth, (Street and Number)*	271 N. Dallas St
5. *Full Name of Mother,*	Mary Potter
6. *Mother's Maiden Name,*	Mary Kirwin
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Thomas Potter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address,	25 f Greenmount Ave
Remarks,	Verty Presentation

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 19th 1881
4. *Place of Birth, (Street and Number)*	135 E. Eager St.
5. *Full Name of Mother,*	Helen R. Kuntzman
6. *Mother's Maiden Name,*	" Klapman
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	August Kuntzman
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Smith
Address,	186 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th May 1881
4. Place of Birth (Street and Number)	89 Pearl Street
5. Full Name of Mother	Fanny Wasserman
6. Mother's Maiden Name	Fanny Kaufman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Solomon Wasserman
9 Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Aaron Friedenwald M.D.
Address	88 N Eutaw Street
Remarks	Normal labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 May 1881
4. Place of Birth (Street and Number)	39 Aisquith Street
5. Full Name of Mother	Caroline Bar
6. Mother's Maiden Name	Behrens
7. Mother's Birthplace	Germany
8. Full Name of Father	Levi Bar
9 Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald Jnr
Address	88 N Eutaw Street
Remarks	Manual labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47591

HEALTH DEPARTMENT JUN 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 19th 1881
4. *Place of Birth, (Street and Number)* # 73 Charles street.
5. *Full Name of Mother* Marie ~~Rose~~ X Tricca
6. *Mother's Maiden Name* Marie Rose Luigi
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Charles Tricca
9. *Father's Occupation* Fruit dealer.
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Hind Hellegast

Address 182 East Monument Street

Remarks

4739?

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1881
4. Place of Birth (Street and Number)	Baltimore. Hamburg 21 139
5. Full Name of Mother	Annie Fallon
6. Mother's Maiden Name	" Keating
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Michel Fallon
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	220 Montgomery St. Balt.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, ~~(state whether~~ *1st,* ~~2d, 3d, &c.)~~

1. *Sex (state whether Male* ~~or Female~~*)*
2. *Race or Color* ~~(if not of the~~ *white* ~~race~~*)*
3. *Date of Birth* May, 25th/881. 3 A.M.
4. *Place of Birth (Street and Number)* 11 Neighbor St
5. *Full Name of Mother* Annie Kehoe
6. *Mother's Maiden Name* " Shannon aged 17 yr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Kehoe
9. *Father's Occupation* Driver or Teamster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Sharkey MD

Address 11 S. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21 - 81
4. Place of Birth (Street and Number)	35 Chew St
5. Full Name of Mother	Mary Elizabeth Brannan
6. Mother's Maiden Name	" " " Hennings
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John P Brannan
9. Father's Occupation	Florest
10. Father's Birthplace	Norford Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Hall Rutledge
Address	151 Asquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

17595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1881
4. Place of Birth (Street and Number)	385 S. Charles St.
5. Full Name of Mother	Maggie
6. Mother's Maiden Name	Aymoed
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Stoll
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. H. Smith. M.D.
Address	313 S. Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

17696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT RECEIVED OCT 10 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20 1891
4. *Place of Birth, (Street and Number)* 147 Burgundy Alley
5. *Full Name of Mother,* Fannie Read
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Eastonshore Virginia
8. *Full Name of Father,* Frank Read
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastonshore Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Reeves

Address, 71 Burgundy Alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 20 of May 1891
4. *Place of Birth, (Street and Number)* 72 Exeter St
5. *Full Name of Mother,* Regina Goldenberg
6. *Mother's Maiden Name,* — — Rosenberg
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Abraham Goldenberg
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other Person who makes this Return — Madame Uhlig

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT MAY 25 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

47598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
26
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female) Male

Race or Color, (if not of the white race) white race

Date of Birth May the 20

Place of Birth, (Street and Number) Baltimore fort av No 42

Full Name of Mother Arrestell Kirby

ther's Maiden Name " Arrestell Tucker

ther's Birthplace Saint Maries County

ll Name of Father Jesse Kirby

r's Occupation labour

r's Birthplace Baltimore

e of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

ress William st No 3 y 4

arks

47599

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John William Dorsey 3

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 20 of May 1881
4. Place of Birth, (Street and Number) 537 Hollins St.
5. Full Name of Mother Annie Dorsy
6. Mother's Maiden Name A. ~~Cong~~ Coningham
7. Mother's Birthplace born in Irland
8. Full Name of Father Mr. Dorsy
9. Father's Occupation Butcher
10. Father's Birthplace born in the City of Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ciller

Address 1017 W. Pratt St.

Remarks

Name added 10/23/35 John W. Dorsey

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore shall report to the registrar aforesaid, within six days

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17600

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 20th 1881
4. *Place of Birth, (Street and Number)* 116 Fort ave
5. *Full Name of Mother* Sofie Heing
6. *Mother's Maiden Name* Sofie W. Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Heing
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Elizy Donaldson

Address 452 Fort ave

Remarks Mother and Child is doing well

RETURN OF A BIRTH

47601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 20th 1881
4. *Place of Birth, (Street and Number)* 30 Patterson Pk. Ave
5. *Full Name of Mother,* Mary Sues
6. *Mother's Maiden Name,* " Shoenhoffer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Leonard Sues
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

JOHN D. FIET, PRINTER & STATIONER, BALT.

47602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* 2 Males
2. *Race or Color (if not of the white race)* White ~~[illegible]~~
3. *Date of Birth* May the 20 1881
4. *Place of Birth (Street and Number)* No 16 Vincent st Baltimore
5. *Full Name of Mother* Margaret E King
6. *Mother's Maiden Name* Margaret Perdany
7. *Mother's Birthplace* Andarunnel C O
8. *Full Name of Father* Bengaman King
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Princes george C O

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address 792 Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47603

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20/81
4. *Place of Birth, (Street and Number)* 88 Hollins St
5. *Full Name of Mother,* Annie Blanche Young
6. *Mother's Maiden Name,* " " Galvin
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* Joseph Young
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. W. C. Regester MD

Address, W. C. Sayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* May 20th 1881 White
3. *Date of Birth* May 20th 1881
4. *Place of Birth (Street and Number)* 122 Jefferson
5. *Full Name of Mother* Alice [illegible]
6. *Mother's Maiden Name* Alice [illegible]
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH

47605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 21st
4. *Place of Birth, (Street and Number)* 284 Hamburg
5. *Full Name of Mother,* Mary J Hughes
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Shues
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Wilson

Address, 294 Hanover St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Hare

RETURN OF A BIRTH

47605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 1881
4. *Place of Birth, (Street and Number)* No. 65 & 2 Charles st
5. *Full Name of Mother,* Mary E. Nash
6. *Mother's Maiden Name,* Mary E. Porter
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Mc. Ludson Nash
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South charles street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Saturday May 21st 1881
4. *Place of Birth, (Street and Number)* 64 North Greene Street
5. *Full Name of Mother,* Mary Elizabeth Hartley
6. *Mother's Maiden Name,* Mary Elizabeth Metz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis William Hartley
9. *Father's Occupation,* physician
10. *Father's Birthplace,* Southampton England

Name of Medical Attendant, or other Person who makes this Return. Wm Schleiger

Address, 20 Columbia Ave

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 47610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 21 1881
4. *Place of Birth, (Street and Number)* 42 E Cross St
5. *Full Name of Mother* Jennie Floyd
6. *Mother's Maiden Name* " " Stevens Baltimore
7. *Mother's Birthplace* George Floyd
8. *Full Name of Father* Casper
9. *Father's Occupation* Baltimore
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

RETURN OF A BIRTH 47611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 of May
4. *Place of Birth, (Street and Number)*	Baltimore № 405 little Alice Town St
5. *Full Name of Mother,*	Barbara Eitleth
6. *Mother's Maiden Name,*	— Löffler
7. *Mother's Birthplace,*	Laer (Bavaria)
8. *Full Name of Father,*	Johann Eitleth
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Beffitz (Bavaria)
Name of Medical Attendant, or other Person who makes this Return.	S. Behnken Midwife
Address,	20 Gist St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

47612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 27 1881 BALTIMORE

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female)	female
Race or Color, (if not of the white race)	white race
Date of Birth	May the 21
Place of Birth, (Street and Number)	Baltimore west st No 134
Full Name of Mother	Ann Virmyire
Mother's Maiden Name	Ann Lewis
Mother's Birthplace	Baltimore
Full Name of Father	William Virmyire
Father's Occupation	Shue Maker
Father's Birthplace	germaney
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
Address	William st No 374
Remarks	

RETURN OF A BIRTH 17613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 21st 1881
4. *Place of Birth, (Street and Number)* 62 Harrison st.
5. *Full Name of Mother,* Anna Isaac
6. *Mother's Maiden Name,* Friedberg
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Michael Isaac
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bernstein

Address, 1136 Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11761 14

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 May
4. Place of Birth (Street and Number)	S. Eutaw Street 32
5. Full Name of Mother	Laura Weisenborn
6. Mother's Maiden Name	Laura Sprenger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Karl ~~Wilhelm~~ Weisenborn
9. Father's Occupation	Piano-Tuner
10. Father's Birthplace	Berlin Prussia
Name of Medical Attendant, or other Person who makes this Return.	H. F. Reinhard
Address	224 West Lafayette Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 21st 1881.
4. *Place of Birth, (Street and Number)*	13 S. Duncan alley
5. *Full Name of Mother,*	Mary Larkin
6. *Mother's Maiden Name,*	M Laughlin.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	John Larkin
9. *Father's Occupation,*	Mariner.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	N. F. Erich M.D.
Address,	94 S. Broadway.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 21st 1881
4. *Place of Birth, (Street and Number)*	20 Point lane
5. *Full Name of Mother,*	Kate Klarman
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jacob Klarman
9. *Father's Occupation,*	Currier
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address,	136 Harford Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 21st 1881
4. *Place of Birth, (Street and Number)*	No 70 Block of
5. *Full Name of Mother,*	Maggie Lampert
6. *Mother's Maiden Name,*	" Fitzpatrick
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Fredrick Lampert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Betz
Address,	120 Bank st.
Remarks,	

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	may 21 st
4. *Place of Birth, (Street and Number)*	no 1 peachalley
5. *Full Name of Mother,*	fanny mathis
6. *Mother's Maiden Name,*	fanny moore
7. *Mother's Birthplace,*	sextis county va
8. *Full Name of Father,*	august mathis
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address,	no 1 Patapsco avenue
Remarks,	healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

47620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8—

1. *Sex (state whether male or female)* Male Colored
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st day May 1881
4. *Place of Birth (Street and Number)* Balto City 17 Vine St
5. *Full Name of Mother* Mary Isabella Wilson
6. *Mother's Maiden Name* Crew
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm Henry Wilson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Gilbert

Address William Henry Wilson

Remarks Mid Wife being Sick has Caused this delay

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

21621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22 1881
4. *Place of Birth, (Street and Number)* No 7 Lafayette St
5. *Full Name of Mother,* Charlotte Mumford
6. *Mother's Maiden Name,* Charlotte Funbacks
7. *Mother's Birthplace,* Frederic City Md
8. *Full Name of Father,* Edan Mumford
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Frederic County Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hunter

Address, South Charles Street No 666

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1881
4. *Place of Birth, (Street and Number)* No 664 E Charles St
5. *Full Name of Mother,* Maria E. George
6. *Mother's Maiden Name,* do — do Thompson
7. *Mother's Birthplace,* Howard Co md
8. *Full Name of Father,* William G George
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 666 South Charles St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 22/81
4. *Place of Birth, (Street and Number)*	255 Gough St.
5. *Full Name of Mother,*	Maggie Roberts
6. *Mother's Maiden Name,*	" Norris
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Roberts
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Wicomico co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address,	117 S. Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 22nd 1881
4. *Place of Birth, (Street and Number)* No 7 High Alley
5. *Full Name of Mother,* Mary Seitz
6. *Mother's Maiden Name,* Mary Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Seitz
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Saml F Powell MD

Address, No 29 Aisquith St

Remarks,

RETURN OF A BIRTH

11762112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Twins Male & Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 May
4. *Place of Birth, (Street and Number)* 3 S Frederick
5. *Full Name of Mother,* Elise Bäcker
6. *Mother's Maiden Name,* Bartolome
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* John Bäcker
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Harper

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May 22
4. *Place of Birth, (Street and Number)*	No 9 Burrough st
5. *Full Name of Mother*	Sarrah Knight
6. *Mother's Maiden Name*	Sarrah Walton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Knight
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

11-7696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Baby
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 22nd
4. *Place of Birth (Street and Number)* 344 Franklin St
5. *Full Name of Mother* Mrs. Mary E. Taylor
6. *Mother's Maiden Name* Lemar
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Curtis M. Taylor
9. *Father's Occupation* Physician
10. *Father's Birthplace* Vermont

Name of Medical Attendant, or other Person who makes this Return. F. E. Hill M.D.

Address 321 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

47627

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22nd of May
4. *Place of Birth, (Street and Number)* N 144 Register street
5. *Full Name of Mother,* Catherin Meyer
6. *Mother's Maiden Name,* " Shuette
7. *Mother's Birthplace,* Sapenburg
8. *Full Name of Father,* Lambert Meyer
9. *Father's Occupation,* Engenneir
10. *Father's Birthplace,* Sapenburg

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. N 16 Patterson Park Av

Remarks, Called Indoctor Gately

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 22 and 1881
4. *Place of Birth, (Street and Number)* 268 Cross st
5. *Full Name of Mother,* Mary Wagner
6. *Mother's Maiden Name,* Lehr.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Wagner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schnauser Midwife

Address, 330 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* = = 2
3. *Date of Birth,* 22 of May
4. *Place of Birth, (Street and Number)* No 62 Eastern Ave
5. *Full Name of Mother,* Margarette Phister
6. *Mother's Maiden Name,* Ritzler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michel Phister
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11/630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* May 22 1881
4. *Place of Birth,* (Street and Number) 122 N. Eutaw St
5. *Full Name of Mother,* Katie Wehrman
6. *Mother's Maiden Name,* Katie Brant
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Geage Wehrman
9. *Father's Occupation,* Produce Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. F. P. Keller M D.

Address, 126 N. Eutaw St.

Remarks, Head presentation, adherent placenta, artificial detachment and perfect recovery.

JOHN B. TIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

11631

HEALTH DEPARTMENT MAY 1931 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 22. 1881
4. *Place of Birth, (Street and Number)* No 84 Jefferson st
5. *Full Name of Mother* Sophie Erck
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Balto
8. *Full Name of Father* August Erck
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Getz Ice

Address No 55 S. Bond St

Remarks

RETURN OF A BIRTH

47632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22nd (1881)
4. *Place of Birth, (Street and Number)*	No 126 St Peter st
5. *Full Name of Mother,*	Agusty Leistner
6. *Mother's Maiden Name,*	Agusty Wintry
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Thom Leistner
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Bentley
Address,	90 St Peter st
Remarks,	Child Living

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47633

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 30 1891
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of Three

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* Colored Child
3. *Date of Birth* May 22 1881
4. *Place of Birth (Street and Number)* Jasper St No 9
5. *Full Name of Mother* Sallay Diboll
6. *Mother's Maiden Name* un Married
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jaush Way Green
9. *Father's Occupation* Draman
10. *Father's Birthplace* Howard County

Name of Medical Attendant, or other Person who makes this Return. Mr Sarah Diboll

Address 109 Jasper St

Remarks

47635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vest Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	2 Males
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 22. 1881
4. *Place of Birth (Street and Number)*	36 Morris St Baltimore
5. *Full Name of Mother*	Louisa Shedden
6. *Mother's Maiden Name*	Louisa Frank
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George H Shedden
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm J Yeldey
Address	742 W Pratt St
Remarks	

HEALTH DEPARTMENT JAN 6 1881 BALTIMORE

47636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 22 1891.
4. *Place of Birth (Street and Number)* 97 Vincent St Baltimore
5. *Full Name of Mother* Mary Gillon
6. *Mother's Maiden Name* Mary Shannon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Gillon
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs J Gillon

Address 792 ½ Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

in

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* May 22d.
4. *Place of Birth,* (Street and Number) No. 109 Perkins St,
5. *Full Name of Mother,* Louisa [redacted]
6. *Mother's Maiden Name,* McCauley
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Geo. Davis
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Chas. A. Alderdice M.D.

Address, S.E. Cor. Columbia Ave. & Remart St.

Remarks, Child in good physical condition & living.

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* May 22d 1881
4. *Place of Birth (Street and Number)* vincent Alley No 5
5. *Full Name of Mother* Zetta Smith
6. *Mother's Maiden Name* Zetta Young
7. *Mother's Birthplace* calvert county Md
8. *Full Name of Father* charles Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Martha Moore Medurfe

Address No 3 Claytons Row

Remarks please to excuse the delay as I am very sick with the Asthma & Catarrh

RETURN OF A BIRTH

47639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, ~~2d~~, ~~3d~~, *&c.*)

1. *Sex*, (*state whether male or ~~female~~*) ~~female~~
2. *Race or ~~Color~~*, (*if not of the white race*) Negro
3. *Date of Birth*, May 22, 1881
4. *Place of Birth*, (*Street and Number*) 112 McElderry St
5. *Full Name of Mother*, Mabel Petticord
6. *Mother's Maiden Name*, " Kuntzman
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, Alphonza Petticord
9. *Father's Occupation*, Boat Hanger
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return S. W. White M.D.

Address, 347 S. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22nd 81
4. *Place of Birth, (Street and Number)*	# 39 1/2 W. Pratt St.
5. *Full Name of Mother,*	Charlotte Gakenheimer
6. *Mother's Maiden Name,*	" Menke
7. *Mother's Birthplace,*	Wurttemburg
8. *Full Name of Father,*	Christian Gakenheimer
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Wurttemburg
Name of Medical Attendant, or other Person who makes this Return	Mary Work
Address,	328 S. Eutaw St.
Remarks,	

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a

1. *Sex* (~~state whether~~ *male* ~~or female~~)
2. *Race or Color* (~~if not~~ *of the white race*)
3. *Date of Birth* 5, 23, 81
4. *Place of Birth (Street and Number)* 359 (?) W Lombard 2d door from Scott
5. *Full Name of Mother* Mary V. Bryan
6. *Mother's Maiden Name* Richardson
7. *Mother's Birthplace* Dorchester Co. Md
8. *Full Name of Father* Isaac R. (?) Bryan
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace* N. Carolina

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address 349 Lexington

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23rd 1881
4. *Place of Birth (Street and Number)* 84 W Madison
5. *Full Name of Mother* Camilla Edward Nicholson
6. *Mother's Maiden Name* Camilla Dunkin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Nicholson
9. *Father's Occupation* Banker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address 5 E Cathedral

Remarks Instrumental

Dr Lee

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 23 May
4. *Place of Birth, (Street and Number)* 1 Wensels Alley
5. *Full Name of Mother,* Henriette Banks
6. *Mother's Maiden Name,* Comfort
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* George Banks
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4764-14-

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 25 1881

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* 23 May

4. *Place of Birth, (Street and Number)* 25 Little Gough

5. *Full Name of Mother,* Carolina Eckels

6. *Mother's Maiden Name,* Kinse

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Louis Eckels

9. *Father's Occupation,* Cis Dealer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dard Casper

Address, 72 Eutaw

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 23rd 1881
4. Place of Birth (Street and Number)	Pine St. 217 is the number.
5. Full Name of Mother	Sarah Hall
6. Mother's Maiden Name	Don't know
7. Mother's Birthplace	" "
8. Full Name of Father	James Hall.
9. Father's Occupation	Drives a Dray.
10. Father's Birthplace	Don't know.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Jones.
Address	"
Remarks	It is a very healthy baby. is getting along fine.

neighbour, midwife

RETURN OF A BIRTH

47646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of May 1881
4. *Place of Birth, (Street and Number)* 373 Orleans St
5. *Full Name of Mother,* Mary Hoffman
6. *Mother's Maiden Name,* Rorner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Hoffman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Madame Ulbig

Address, 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

47647

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 23rd 1881
4. Place of Birth (Street and Number) 452 Division St
5. Full Name of Mother Ella Holt
6. Mother's Maiden Name Mc Mahon
7. Mother's Birthplace Philadelphia
8. Full Name of Father John Holt
9. Father's Occupation Stovemaker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler

Address 649 Penna Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11761 8

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 80
4. Place of Birth (Street and Number)	57 Mulberry St
5. Full Name of Mother	Jennie Phillips
6. Mother's Maiden Name	" Jamison
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Phillips
9. Father's Occupation	Hackman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E Hall Rutledge
Address	157 Augusta St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4764-9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 May 1881
4. *Place of Birth, (Street and Number)* 1 Miller, St
5. *Full Name of Mother,* Amelia Hannah
6. *Mother's Maiden Name,* Amelia Harwood
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jesse T Messick
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Oxford Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann Hayward

Address, 396 Aliceanna Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 25th 1881

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23d 1881.
4. *Place of Birth, (Street and Number)* 211 Broadway.
5. *Full Name of Mother,* Annie Smith.
6. *Mother's Maiden Name,* Annie Bachmann.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation,* Tavern.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Simond.

Address, 137 South Wolfe St.

Remarks, (11 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47651

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of May
4. *Place of Birth, (Street and Number)* No 1 Material
5. *Full Name of Mother,* Lowace Whide
6. *Mother's Maiden Name,* — " — Lange
7. *Mother's Birthplace,* German Hetke
8. *Full Name of Father,* Loue Whide
9. *Father's Occupation,* Working man
10. *Father's Birthplace,* Labah Prussian

Name of Medical Attendant, or other Person who makes this Return Misses Luckan

Address, No 10 Essex. st

Remarks, — " — — —

...ivise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 47652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. birth

1. *Sex (state whether male or female)* Girle.
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth* 23th of May.
4. *Place of Birth, (Street and Number)* 98. S. Cassel St.
5. *Full Name of Mother* Lizzi Etel
6. *Mother's Maiden Name* " " Straub.
7. *Mother's Birthplace* Grossheilbach. Baiern
8. *Full Name of Father* Nichlos. Etel
9. *Father's Occupation* Bee. Brewer.
10. *Father's Birthplace* Flenling. Baiern

Name of Medical Attendant, or other Person who makes this Return. Mr. Maurer.

Address No 173. Bank. St.

Remarks

47653

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23rd
4. *Place of Birth, (Street and Number)* 403 W. McHenry St
5. *Full Name of Mother,* Virginia Ghaston
6. *Mother's Maiden Name,* " Burke
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Henry Ghaston
9. *Father's Occupation,* Street Hawker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman

Address, 435 W. McHenry St

Remarks, a tiny little baby
was live 8 months child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

May 23 1881

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23 1881
4. *Place of Birth (Street and Number)* Baltimore Hanover St No 714
5. *Full Name of Mother* Louisa Cathern Gerlrick
6. *Mother's Maiden Name* Louisa Cathern Deitz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Sam Comly Gerlrick
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Moises Conway

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 23 1881
4. *Place of Birth, (Street and Number)* 39 Preston St
5. *Full Name of Mother,* Sarah E Adams
6. *Mother's Maiden Name,* Sarah E Myers
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Chas H. Adams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. F. P Keller M. D.

Address, 126 N. Eutaw St.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
28
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 23rd 1881
4. *Place of Birth, (Street and Number)*	99 Peach Alley
5. *Full Name of Mother,*	Mary E. Franks
6. *Mother's Maiden Name,*	Mary E Lee
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Charles Franks
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	New Jersey
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	146 Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 ycl
1. *Sex (state whether Male or Female)*	Mälgen
2. *Race or Color (if not of the white race)*	Wil
3. *Date of Birth*	Mai 23. th 1881
4. *Place of Birth (Street and Number)*	328 S. Bond St.
5. *Full Name of Mother*	Märe Pötzl
6. *Mother's Maiden Name*	Canitz
7. *Mother's Birthplace*	Böhm
8. *Full Name of Father*	Fr: Canitz
9. *Father's Occupation*	Bäker
10. *Father's Birthplace*	Sachsen.
Name of Medical Attendant, or other Person who makes this Return.	Schame
Address	Thresl Märzl 328. S. Bond St.
Remarks	Baltimore. Mäi. 27 th 1881

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47658
211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd May 1881
4. *Place of Birth, (Street and Number)* Balto Bond st No 211
5. *Full Name of Mother,* Mary Velenovsky
6. *Mother's Maiden Name,* Mary Beran
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Beran
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Keptsl

Address, 69 Washington st

Remarks, Mary Keptsl

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd May 1881
4. *Place of Birth, (Street and Number)* Balto Castle st No 54
5. *Full Name of Mother,* Barbara Aumuller
6. *Mother's Maiden Name,* Bar. Lanz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Aumuller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kaptel

Address, 69 Washington st

Remarks,

Mary Kaptel

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23 1881
4. *Place of Birth (Street and Number)* 207 Gough St
5. *Full Name of Mother* Mary Welsh
6. *Mother's Maiden Name* McKenna -
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Maurice David Welsh
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Balto Md -

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams MD

Address 17 Raluxent St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47661

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1894 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 23 1894

4. *Place of Birth (Street and Number)* 74 Monroe St Baltimore

5. *Full Name of Mother* Mary Hurst

6. *Mother's Maiden Name* Mary Rebbell

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* August Hurst

9. *Father's Occupation* Bradtell finisher

10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs J Bailey

Address 192 ½ Scott St

Remarks

RETURN OF A BIRTH.

47662

HEALTH DEPARTMENT JUN 1 1901 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 23 of May - 1901
4. *Place of Birth* (Street and Number) No 2 Parish alley near Townsend
5. *Full Name of Mother* Mary Scott
6. *Mother's Maiden Name* Mary Hill
7. *Mother's Birthplace* Cambridge - Dorchester County Md
8. *Full Name of Father* William T Scott
9. *Father's Occupation* Hod-Carrier
10. *Father's Birthplace* Europe New Jersey

Name of Medical Attendant, or other Person who makes this Return. Millie Blake

Address 53 Carlton St Balto Md

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23rd
4. *Place of Birth (Street and Number)* 26 Madison Avenue
5. *Full Name of Mother* Mary Anderson
6. *Mother's Maiden Name* Hill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Anderson
9. *Father's Occupation* Truck Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson

Address 26 Madison Avenue

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

47664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 23d 1881
4. *Place of Birth, (Street and Number)*	714 W Pratt St.
5. *Full Name of Mother,*	Lena Young
6. *Mother's Maiden Name,*	Lena Shutter
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Young Jr
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return	J. Shelton Hill M.D.
Address,	432 W Fayette St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47665

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 23
4. *Place of Birth, (Street and Number)* 408 sharp Street
5. *Full Name of Mother,* annie faud
6. *Mother's Maiden Name,* annie grip
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* george faud
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Williminie smith

Address, 396 sharp st

Remarks,

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Children

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of May
4. *Place of Birth, (Street and Number)* William St. No 109
5. *Full Name of Mother,* Charlotte Zinkann
6. *Mother's Maiden Name,* Charlotte Müller
7. *Mother's Birthplace,* Hessen
8. *Full Name of Father,* George Zinkann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hessen

Name of Medical Attendant, or other Person who makes this Return. West st No 12

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th
4. *Place of Birth, (Street and Number)*	205 N. Carey St
5. *Full Name of Mother,*	Emma V. Seager
6. *Mother's Maiden Name,*	Emma Parrish
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno. L. Seager
9. *Father's Occupation,*	Civil Engineer
10. *Father's Birthplace,*	Boston
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral St "
Remarks,	

JOHN B. DIET, PRINTER & STATIONER, BALT.

47668

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* mg 24
4. *Place of Birth, (Street and Number)* 26 forrest st
5. *Full Name of Mother,* henetta Banks
6. *Mother's Maiden Name,* not married
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. mrs less fatnrow

Address, no 12 short st

Remarks, delicate child

JOHN B. PIET, PRINTER & STATIONER, BALT.

47669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 24. 1881
4. Place of Birth (Street and Number)	3 Patterson av
5. Full Name of Mother	Mary Agnes Lee
6. Mother's Maiden Name	M. A. St Clair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. W. Lee
9. Father's Occupation	~~[illegible]~~ Plumber
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	A. Tinsley Mtd
Address	386 Druid Hill av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 27 2
1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) _____

1. *Sex (state whether ~~male or~~ female)* _____
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* May 24th 1881.
4. *Place of Birth, (Street and Number)* 307 E. Baltimore St.
5. *Full Name of Mother* Minnie Osborne,
6. *Mother's Maiden Name* " Minnie Fletcher.
7. *Mother's Birthplace* King & Queen Co. Virginia.
8. *Full Name of Father* Francis Marion Osborne,
9. *Father's Occupation* Salesman,
10. *Father's Birthplace* Wisconsin.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207 S. Broadway.

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11671

HEALTH DEPARTMENT MAY 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 24 1881

4. *Place of Birth, (Street and Number)* Baltimore Patent street No 3

5. *Full Name of Mother,* Dora Perkins

6. *Mother's Maiden Name,* Dora Green

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James P. Perkins

9. *Father's Occupation,* Flagman

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Neil M. Stauffer

Address, No 114 South Bridge st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
30
1871
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 24th of May

4. *Place of Birth, (Street and Number)* 45 East St. Baltimore

5. *Full Name of Mother,* Mary Eckers

6. *Mother's Maiden Name,* Mary Herman

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Conrad Eckers

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary A. Dorman

Address, 335 Eastern Ave. Balto.

Remarks,

correct Record of Vital Statistics ...ty of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
2. Sex (state whether Male or Female)	Female
3. Race or Color (if not of the white race)	Colord
4. Date of Birth	Tuesday May the 24 1881
5. Place of Birth (Street and Number)	Baltimore Hanover street No 172
6. Full Name of Mother	Eliza Rebecca Murray
7. Mother's Maiden Name	Eliza Rebecca Hall
8. Mother's Birthplace	Raymond County Md
9. Full Name of Father	John H. Murray, Chestertown Ken
10. Father's Occupation	Waiter
11. Father's Birthplace	Chestertown Ken County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Johnson
Address	No 42 Tyson st.
Remarks	

47674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 24, 1881
4. Place of Birth (Street and Number)	66 Harlem Ave
5. Full Name of Mother	Ida McPhail
6. Mother's Maiden Name	Ida Linton
7. Mother's Birthplace	Md.
8. Full Name of Father	James L McPhail
9. Father's Occupation	Clerk
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan
Address	175 Saratoga St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 24 1881.
4. *Place of Birth, (Street and Number)* 34 S. Stricker St.
5. *Full Name of Mother* Mollie E. Welsh
6. *Mother's Maiden Name* Sotharon
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* W. H. Welsh
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

47676

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th 1881
4. *Place of Birth, (Street and Number)* # 279 # Cross St.
5. *Full Name of Mother,* Elizabeth Miller
6. *Mother's Maiden Name,* " Tillech
7. *Mother's Birthplace,* St. Louis
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Northeasen

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, # 328 S. Eutaw St

Remarks,

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* may 24 th
4. *Place of Birth, (Street and Number)* no 12 Wayne st
5. *Full Name of Mother,* Birthy Wilkins
6. *Mother's Maiden Name,* Birthy Harrison
7. *Mother's Birthplace,* Essex county
8. *Full Name of Father,* Samuel Harrison
9. *Father's Occupation,* water
10. *Father's Birthplace,* Fredric county Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter

Address, no 4 patapsco avenue

Remarks, healthy Child

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Wit "
3. *Date of Birth,* 25 of May.
4. *Place of Birth, (Street and Number)* No. 102 South Charles St.
5. *Full Name of Mother,* Gennie E Walstrum
6. *Mother's Maiden Name,* Gennie E Shilburn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Stribbing Walstrum
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Messrs Grishaber

Address, West St. No 125.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of May 881
4. *Place of Birth, (Street and Number)* 19 Eden St
5. *Full Name of Mother,* Caroline Rehm
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rehm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Meadame Ulbrig

Address, 48 Holland St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* female,
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 25th 1881
4. *Place of Birth, (Street and Number)* Harrison st.
5. *Full Name of Mother,* Fanny Gardner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Gardner
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Max C. Bernstein

Address, 1136 E. Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47681

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. birth

1. *Sex (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 25. m. May
4. *Place of Birth, (Street and Number)* 24 S. Allice ann St.
5. *Full Name of Mother* Mary Brittung
6. *Mother's Maiden Name* + + Mayer.
7. *Mother's Birthplace* Gorchwand. Baiern.
8. *Full Name of Father* John Brittung
9. *Father's Occupation* Matters. Mackers.
10. *Father's Birthplace* Derfles. Baiern.

Name of Medical Attendant, or other Person who makes this Return. Mr. Maurer.

Address

Remarks No 173 Bank. St.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
30
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 25th 1881
4. *Place of Birth, (Street and Number)* 342 McDonough Street
5. *Full Name of Mother* Susannah H Wells
6. *Mother's Maiden Name* Susannah H Fore
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Ezekiel Wells
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Amanda Marine

Address 378 E. Monument Street Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and corr
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their phy
condition, whether still born or not, the full name, nativity, and residence of the parents, and the mai
name of the mother of such child or children.

47682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* 5, 25, 81,
4. *Place of Birth (Street and Number)* 180 Chesnut al
5. *Full Name of Mother* Charlotte Thompson
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* Willis Thompson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Orange Co. Va

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 Leeth

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47683

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 May
4. *Place of Birth, (Street and Number)* No. 108 Bethel St
5. *Full Name of Mother,* Helena Müller
6. *Mother's Maiden Name,* Arnold
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Müller
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No. 70 Granby St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 25, 1881.
4. *Place of Birth, (Street and Number)* S. Bethel St. No 213.
5. *Full Name of Mother,* Mary A. Hurley
6. *Mother's Maiden Name,* Mary A. Lynch
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Hurley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Clare County, Kingdom Ireland, Europe

Name of Medical Attendant, or other Person who makes this Return Mary E. Mulder

Address, N. Dallas St. No 26

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

47685

HEALTH DEPARTMENT
MAY 30
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th
4. Place of Birth (Street and Number)	16 E. Pann St
5. Full Name of Mother	Sallie E Barnes
6. Mother's Maiden Name	Sallie E Mondl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edmund Jr Barnes
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	200 N Broadway
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4768

HEALTH DEPARTMENT MAY 20 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fail Record by Physicians in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourteenth (14th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	May 25/81
4. Place of Birth (Street and Number)	19 W Chase St
5. Full Name of Mother	Inertia Williams
6. Mother's Maiden Name	" Bailey
7. Mother's Birthplace	Easton Talbot Co Md
8. Full Name of Father	Charles Williams
9. Father's Occupation	Waggoner
10. Father's Birthplace	Harrisburg Pa
Name of Medical Attendant, or other Person who makes this Return.	J. H. Ward M.D.
Address	127 St Paul St
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

Name: Sadie E. Sapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 25th 1881.
4. *Place of Birth, (Street and Number)* 20 Clinton Ave.
5. *Full Name of Mother,* Jane M. Sapp.
6. *Mother's Maiden Name,* Jane M. Eckels.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* John T. Sapp.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John D Pennington M.D.

Address, 134 N Carrollton Ave.

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Caucasian
3. *Date of Birth,* 25th day of May
4. *Place of Birth, (Street and Number)* Baltimore, # 21 Scott St.
5. *Full Name of Mother,* Maria Louisa Ebel
6. *Mother's Maiden Name,* Maria Louisa Bratscher
7. *Mother's Birthplace,* Neustadt i/o Saalfeld Meiningen Germany
8. *Full Name of Father,* Julius Gottfried Martin Ebel
9. *Father's Occupation,* Pianomaker
10. *Father's Birthplace,* Hainrode, bei Eisenach Germany

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47690
47691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male & Female (Twins)
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th
4. *Place of Birth, (Street and Number)*	No 7 West Place
5. *Full Name of Mother,*	Maggie Bryon
6. *Mother's Maiden Name,*	Featherson
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Singleton Bryon
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 6 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White—

3. *Date of Birth,* 342 McDonough St—

4. *Place of Birth, (Street and Number)* May 25th—

5. *Full Name of Mother,* Susanna Francis Wells Lowe

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Ezekiel Wells

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balt—

Name of Medical Attendant, or other Person who makes this Return. Wm Ashbridge

Address,

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 May
4. *Place of Birth, (Street and Number)* 56 Fannin
5. *Full Name of Mother,* Clementine Kinsley
6. *Mother's Maiden Name,* Buck
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Henri Kinsley
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Cosher

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

476944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 May
4. *Place of Birth, (Street and Number)* 98 E Lombard
5. *Full Name of Mother,* Lottie Schell
6. *Mother's Maiden Name,* Bask
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Botham Schell
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 92 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

17695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 25th

4. *Place of Birth, (Street and Number)* No 139 Greenmount Ave Balcheler

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Waller Balcheler

9. *Father's Occupation,* Watchman

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Wm. Whitridge

Address,

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

47696

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 25th 1881
4. *Place of Birth, (Street and Number)* 11 East St.
5. *Full Name of Mother,* Martha Harding
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Josiah Harding
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. D. Streett M.D.

Address, 14 3 N Exeter St

Remarks, Labor normal - Infant had 6 fingers on left hand - the sixth being an aborted supernumerary opposite 2d phalanx of little finger - I amputated it - both doing well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4769 7

HEALTH DEPARTMENT JUN 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 25 - 1881

4. Place of Birth (Street and Number) 69 McCulloh St

5. Full Name of Mother Ida Christine Ridgely

6. Mother's Maiden Name " " Deakon

7. Mother's Birthplace Baltimore County

8. Full Name of Father Nicholas Greenbury Ridgely

9. Father's Occupation M. D.

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Louis K. Knight M.D.

Address 112 N. Greene St

Remarks

You Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 17698

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* May 25th. 1881.
4. *Place of Birth,* (*Street and Number*) No. 262 N. Gay Street
5. *Full Name of Mother,* Rosa Sonnewalt.
6. *Mother's Maiden Name,* Rosa Wolf
7. *Mother's Birthplace,* Home State
8. *Full Name of Father,* Dan Sonnewalt.
9. *Father's Occupation,* Basket Manufacturer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. M. A. Bath.

Address, No 185 Central av. & Monument St.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47699

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25th. 1881.
4. *Place of Birth, (Street and Number)* No 472 N. Central av.
5. *Full Name of Mother,* Theresa Sabisch.
6. *Mother's Maiden Name,* Theresa Brockmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Sabisch
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. J. Butt.

Address, No 185 S. E. cor. Central av. & Monument St

Remarks, See Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25. May
4. *Place of Birth, (Street and Number)* 93 Schroeder street.
5. *Full Name of Mother,* Katharin Heise
6. *Mother's Maiden Name,* Ernst.
7. *Mother's Birthplace,* Steben, Bavaria
8. *Full Name of Father.* Henry Heise
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Lebanau Prussia

Name of Medical Attendant, or other Person who makes this Return

Address, Mic Dumler

Remarks, 1060 Schroeder St

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47701

GIVEN NAME ADDED 8-6-54

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Given Name: Harry Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of May 1861
4. *Place of Birth, (Street and Number)* 52 Washington St
5. *Full Name of Mother,* Mary Rebecca
6. *Mother's Maiden Name,* Baier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Rebecca
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Wittenberg

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Ulrig

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 26. 1881.
4. *Place of Birth, (Street and Number)*	50 E. Pratt St.
5. *Full Name of Mother,*	Bertha G. Rochfort.
6. *Mother's Maiden Name,*	Bertha G. Hall.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Martin Rochfort.
9. *Father's Occupation,*	Employed by Ohio Ice Co.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno T. Powell. M.D.
Address,	227 Cathedral st.
Remarks,	Child Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 27th 1881

HEALTH DEPARTMENT MAY 26 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 26th 1881.
4. *Place of Birth, (Street and Number)* Hartford Road.
5. *Full Name of Mother,* Katie Debelius.
6. *Mother's Maiden Name,* Katie Loechel.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Franz Debelius.
9. *Father's Occupation,* Tavern.
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 37 South Wolfe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47704

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male ~~or female)~~* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 26, 1881.
4. *Place of Birth, (Street and Number)* S. Wolfe St. No. 223.
5. *Full Name of Mother,* Anna K. Ritter
6. *Mother's Maiden Name,* Anna K. Regener
7. *Mother's Birthplace,* Rosenthal, K. Preussen, Germany
8. *Full Name of Father,* Johann F. Ritter
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Hassmersheim, Gr. Baden, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks, ...

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 26, 1881
4. *Place of Birth, (Street and Number)* S. Bond St., No 303
5. *Full Name of Mother,* Wilhelmine Brandes
6. *Mother's Maiden Name,* Wilhelmine Weinecke
7. *Mother's Birthplace,* Grosducke, K. Preussen, Germany
8. *Full Name of Father,* Heinrich Brandes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Kleindecke K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47706

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 26 of Mai
4. *Place of Birth, (Street and Number)* No 279 Central eru
5. *Full Name of Mother* Kathe Sommer
6. *Mother's Maiden Name* Kathe Trageser
7. *Mother's Birthplace* Baltemore
8. *Full Name of Father* Gorge Trageser
9. *Father's Occupation* Tohler
10. *Father's Birthplace* Baltemore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina Lauer

Remarks 1,79 Harfer eru.

1881

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26
4. *Place of Birth (Street and Number)* 84 S Carey St
5. *Full Name of Mother* Martha Hemling
6. *Mother's Maiden Name* Martha ~~Hemling~~ Donaldson
7. *Mother's Birthplace* Baltmd
8. *Full Name of Father* Henry Hemling
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Baltmd

Name of Medical Attendant, or other Person who makes this Return. Robt K. Kneaf

Address 554 W Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4708

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	eight
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 day of May 1881
4. Place of Birth (Street and Number)	Chapel at No 140
5. Full Name of Mother	Mary Powell
6. Mother's Maiden Name	Mary Barns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Powell
9. Father's Occupation	Teamster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mar Harrington
Address	65 Cambridge
Remarks	

RETURN OF A BIRTH

11709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 26, 1881.
4. *Place of Birth, (Street and Number)* 1 Bethel Place
5. *Full Name of Mother,* Margt Swaner,
6. *Mother's Maiden Name,* Saunders
7. *Mother's Birthplace,* Virginia, U.S.
8. *Full Name of Father,* Wm H Swaner
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* N. Carolina.

Name of Medical Attendant, or other Person who makes this Return. Geo W. Rohe, M.D.

Address, 94 S. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47710

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 May
4. *Place of Birth, (Street and Number)* 514 Camden
5. *Full Name of Mother,* Sara Wilen
6. *Mother's Maiden Name,* Teneson
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Mils Wilen
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

11711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 4 1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* May 26th 1881
4. *Place of Birth (Street and Number)* vincent Alley rear 8 Baker St
5. *Full Name of Mother* Hannah Wells
6. *Mother's Maiden Name* Hannah Bell
7. *Mother's Birthplace* Montgomery County
8. *Full Name of Father* Henry Wells
9. *Father's Occupation* Waiter
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Martha Moore Midwife

Address No 3 ~~9~~ Claytons Row

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 47712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male.
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 26th May.
4. *Place of Birth, (Street and Number)* 514 Canton Avenue.
5. *Full Name of Mother,* Sarah Weland.
6. *Mother's Maiden Name,* Sarah Jameson.
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* Silas L Weland.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other Person who makes this Return Sarah Cooper.

Address, 72 E. Lombard st.

Remarks, Died the 31st of May, of convulsions.

HEALTH DEPARTMENT JUN 1 1901 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4773

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 18 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	3d
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	Caucasian
3. *Date of Birth*,	May 26th 1881
4. *Place of Birth*, (*Street and Number*)	432, W. Fayette St
5. *Full Name of Mother*,	Kate E. Hill
6. *Mother's Maiden Name*,	Kate E. Russell
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	J. Shelton Hill
9. *Father's Occupation*,	Physician
10. *Father's Birthplace*,	Virginia
Name of Medical Attendant, or other Person who makes this Return	J. Shelton Hill
Address,	432, W. Fayette St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27
1881
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 May 1881
4. *Place of Birth (Street and Number)* 344 E Baltimore St. Balto Md.
5. *Full Name of Mother* Mrs. Zelma Dowell.
6. *Mother's Maiden Name* Zelma Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Everett J. Dowell
9. *Father's Occupation* Builder
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 235 E. Baltimore St

Remarks Forceps had to be applied in the cavity owing to incomplete Rotation — Duration of Labor 6 hours.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1881
4. *Place of Birth, (Street and Number)* No 510 Light Street
5. *Full Name of Mother,* Ada France
6. *Mother's Maiden Name,* Ada Carter
7. *Mother's Birthplace,* Carroll Co md
8. *Full Name of Father,* Richard France
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No 666 South Charles St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 4716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* May 27th 1881.
4. *Place of Birth,* (*Street and Number*) 51 Richmond St
5. *Full Name of Mother,* Sallie Brady
6. *Mother's Maiden Name,* Sallie Grininger
7. *Mother's Birthplace,* Cumberland, Md.
8. *Full Name of Father,* Charles I Brady
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Alfred M Belt, M.D.

Address, N.W. Cor St Paul & Madison St

Remarks, Premature, and not likely to live

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-3-56

47717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Theodore Wesley Glocker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 27th at 7 o-clock P.M. - 1881
4. Place of Birth (Street and Number) No 114 Lanvale St
5. Full Name of Mother Mary A. Glocker
6. Mother's Maiden Name Mary A. Kirby
7. Mother's Birthplace Baltimore County
8. Full Name of Father Theodore W. Glocker
9. Father's Occupation Physician
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Theodore W. Glocker M.D

Address No 114 Lanvale St

Remarks Duration of the labor about fourteen hours, Placenta was retained, requiring removal, and administration of Ergot.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47718

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 81
4. *Place of Birth, (Street and Number)* Penna Ave Extended
5. *Full Name of Mother,* Lizzie Whitely
6. *Mother's Maiden Name,* Earl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Whitely
9. *Father's Occupation,* Beef Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Jones M.D.

Address, Cor. Stricker & Presston

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of May 1881.
4. *Place of Birth, (Street and Number)* 111 Caroline street.
5. *Full Name of Mother,* Mary G. Venz
6. *Mother's Maiden Name,* Mary Körl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mick Körl
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

47720

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 27.
4. *Place of Birth, (Street and Number)* 196 S Sharp Street
5. *Full Name of Mother,* Eliesabeth Bachmann
6. *Mother's Maiden Name,* " Schäffer
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Johan Melchior Bachmann
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Katharina Mauch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47721

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 27 inst.
4. *Place of Birth, (Street and Number)* Balto No: 30 Lenenhall et.
5. *Full Name of Mother,* Matilda Pruett.
6. *Mother's Maiden Name,* Matilda Reblein
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Pruett.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Bathsavina Mines

Address, 1 Leadenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47722

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th May
4. *Place of Birth, (Street and Number)* 153 Hamburg st. Balto. Md.
5. *Full Name of Mother,* Mrs. George Krokman
6. *Mother's Maiden Name,* Mary Gross.
7. *Mother's Birthplace,* York. Pa.
8. *Full Name of Father,* George Krokman.
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Katharina Mimes

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 27th 1881
4. Place of Birth (Street and Number) 4 South
5. Full Name of Mother Ella V. Baldster
6. Mother's Maiden Name Ella V. Lemmer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Geo. W. Baldster
9. Father's Occupation Druggist
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address 158 Hanover St.

Remarks Mrs Ella V. Baldster had twins. The birth was premature. Cause unknown. One living ten minutes - the other 4 days

RETURN OF A BIRTH

11772 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUL 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 27th
4. *Place of Birth, (Street and Number)*	77 Burgundy Alley
5. *Full Name of Mother,*	Caroline Collmer
6. *Mother's Maiden Name,*	" Kaulf
7. *Mother's Birthplace,*	Hannover, Germany
8. *Full Name of Father,*	Louis Collmer
9. *Father's Occupation,*	Cigar Packer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Schlifer
Address,	20 Columbia st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 11795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 May
4. *Place of Birth, (Street and Number)* 6 Perkins Pl
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sara Kelley
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 May
4. *Place of Birth, (Street and Number)* 58 S Washington
5. *Full Name of Mother,* Sara Weicer
6. *Mother's Maiden Name,* Barett
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Georg Weicer
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47727

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28th 81
4. *Place of Birth, (Street and Number)*	375 Division
5. *Full Name of Mother,*	Jane Love
6. *Mother's Maiden Name,*	" Johnson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Love
9. *Father's Occupation,*	Corr. Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. H. Hones M.D.
Address,	Cor. Stuckie & Preston
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

11725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 28 – 81
4. *Place of Birth, (Street and Number)* 27 N Broadway
5. *Full Name of Mother* Emma Green
6. *Mother's Maiden Name* Brian
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* James T Green
9. *Father's Occupation* Dealer in Cotton
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D

Address 2 N Broadway

Remarks

RETURN OF A BIRTH.

11729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twin 2nd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1881
4. Place of Birth (Street and Number)	Baltimore Hamburg st 55
5. Full Name of Mother	Mary Hooper
6. Mother's Maiden Name	" Younger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. Hooper
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarbrough
Address	220 Montgomery st Balto
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47730

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 28-1881
4. *Place of Birth, (Street and Number)* No 89 Mulliken Street
5. *Full Name of Mother,* Gemima E. Smart
6. *Mother's Maiden Name,* Gemima E. Killmond
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James F. Smart
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mary A Attwell

Address, 286 McDonogh st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47731

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 28th 1881
4. *Place of Birth, (Street and Number)* 181 E Madison St
5. *Full Name of Mother* Elizabeth Michel
6. *Mother's Maiden Name* Elisbeth Michel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John J. Michel
9. *Father's Occupation* Milk Dairy
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Walter

Address 125 N Caroline St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether male or female)* male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* May 28 - 1881.
4. *Place of Birth (Street and Number)* 54 - Poppelton St.
5. *Full Name of Mother* An - Harbig.
6. *Mother's Maiden Name* An - Barlage.
7. *Mother's Birthplace* Preusen, Germani
8. *Full Name of Father* John - Harbig.
9. *Father's Occupation* Black Schmitt.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charina Barlage.

Address

Remarks Child - Sound - Life.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	W
3. *Date of Birth*	28th May 1881
4. *Place of Birth* (Street and Number)	101 S. Green
5. *Full Name of Mother*	Maggie Gilchrist
6. *Mother's Maiden Name*	" Hutchinson
7. *Mother's Birthplace*	Balt
8. *Full Name of Father*	James Gilchrist
9. *Father's Occupation*	Bookbinder
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address	57 Barnard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 81
4. *Place of Birth, (Street and Number)* # 376 Hamburg St
5. *Full Name of Mother,* Lophia Temmy
6. *Mother's Maiden Name,* " Beatty
7. *Mother's Birthplace,* Wurhessen
8. *Full Name of Father,* Wm Temmy.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Wurhessen

Name of Medical Attendant, or other Person who makes this Return Mary Wroh

Address, 328 S. Eutaw St

Remarks,

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 28th 81

4. *Place of Birth, (Street and Number)* # 20 Bevan St.

5. *Full Name of Mother,* Catharine Fritz

6. *Mother's Maiden Name,* " Siegley

7. *Mother's Birthplace,* Herzogthum Wurthemburg

8. *Full Name of Father,* Adam Fritz

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Wurthemburg

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

JUN 3 1881

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 81
4. *Place of Birth, (Street and Number)* # 407 W. Pratt St
5. *Full Name of Mother,* Virginia Ullmer
6. *Mother's Maiden Name,* " Wroll
7. *Mother's Birthplace,* Kurhessen
8. *Full Name of Father,* Joseph Ullmer.
9. *Father's Occupation,* Currier
10. *Father's Birthplace,* Preussia

Name of Medical Attendant, or other Person who makes this Return Mary Wroh

Address, # 328 S. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* date 28
4. *Place of Birth, (Street and Number)* Alicean Street 389
5. *Full Name of Mother,* Wally Craus
6. *Mother's Maiden Name,* Wally Tris
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* G Salastion Craus
9. *Father's Occupation,* Laborra
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 28th 1881
4. *Place of Birth (Street and Number)* Cor. Myrtle Av. & Townsend St. Balto.
5. *Full Name of Mother* Alice Jackson
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Salisbury Wicomico Co. Md.
8. *Full Name of Father* Willm F. Jackson
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Salisbury Wicomico Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M. D.

Address 152 Townsend St.

Remarks Balto.

RETURN OF A BIRTH, 4739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born on the 26

1. *Sex (state whether male or female)* Femail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* Saturday Night 11 O Clock
4. *Place of Birth, (Street and Number)* Baltimore Walker Alley No 4
5. *Full Name of Mother* Ida ~~Lochermun~~ Hutton
6. *Mother's Maiden Name* Ida Lochermun
7. *Mother's Birthplace* Baltimore
8. *Full Name of Futher* John W Hutton
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* West river Maryland

Name of Medical Attendant, or other Person who makes this Return. Ann Lansfisher

Address

Remarks

RETURN OF A BIRTH 47740

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 28 1881
4. *Place of Birth, (Street and Number)* 43 S Durham St
5. *Full Name of Mother,* Annie Beans
6. *Mother's Maiden Name,* Annie James
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* James Beans
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 N Durham St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* May 28th 1881.
4. *Place of Birth, (Street and Number)* 752 Penna. Avenue
5. *Full Name of Mother* Barbara Frances Miller Hamilton
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto. City, Md.
8. *Full Name of Father* Arthur Miller
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Frederick City Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May 28th
4. *Place of Birth, (Street and Number)*	123 Battery Av
5. *Full Name of Mother*	Emeline Buchman
6. *Mother's Maiden Name*	Maloy
7. *Mother's Birthplace*	Phila Pa
8. *Full Name of Father*	Chas Buchman
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore
Remarks	

47743

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Live

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Saturday May 28 1881
4. *Place of Birth, (Street and Number)* Baltimore 78 North Bethel
5. *Full Name of Mother* Louisa Bixbee
6. *Mother's Maiden Name* Louisa Robinson
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Joseph Pur Vinebane
9. *Father's Occupation* Dayman
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Harriet Patten

Address 78 North Bethel St Baltimore

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11774-11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex (state whether Male or Female)* Female –
2. *Race or Color (if not of the white race)* White –
3. *Date of Birth* May 28th. 1881.
4. *Place of Birth (Street and Number)* No. Tennant st.
5. *Full Name of Mother* Christina A. Klee
6. *Mother's Maiden Name* " " Rheinhart. –
7. *Mother's Birthplace* New Jersey –
8. *Full Name of Father* Robert Klee
9. *Father's Occupation* Book-Keeper –
10. *Father's Birthplace* Germany –

Name of Medical Attendant, or other Person who makes this Return. R. N. Goldsmith –

Address Harlem av. and Calhoun st –

Remarks Breast presentation.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* May 28th 1881.
4. *Place of Birth (Street and Number)* 318 Saratoga St
5. *Full Name of Mother* Sarah Wise
6. *Mother's Maiden Name* Sarah Friedrich.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward H. Wise
9. *Father's Occupation* Manufacturer.
10. *Father's Birthplace* Catonsville Balt Co.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer Ind.

Address " " City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47746

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 28th 1881
4. *Place of Birth, (Street and Number)* # 47 McC Eldery street.
5. *Full Name of Mother* Paroline Bucking
6. *Mother's Maiden Name* Paroline Rentfeld.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Prickrick Bucking
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegust

Address 182. E Monument st.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47747

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Boi
2. *Race or Color, (if not of the white race)* Weis
3. *Date of Birth* 25 Mai
4. *Place of Birth, (Street and Number)* Ballitroth
5. *Full Name of Mother* Anna Wolf
6. *Mother's Maiden Name* " " Steinbauer
7. *Mother's Birthplace* von Hirschfeld Baiern
8. *Full Name of Father* Franceras Wolf
9. *Father's Occupation* Brubrauer
10. *Father's Birthplace* Hallstadt Baiern

Name of Medical Attendant, or other Person who makes this Return. Chs. Maurer.

Address Bankstreet 173. Ch.

Remarks

RETURN OF A BIRTH

47748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28 1881
4. *Place of Birth, (Street and Number)* 55 E. Biddle St
5. *Full Name of Mother,* Emma Talbott
6. *Mother's Maiden Name,* Emma Wicker
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* William H. Talbott
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. Kelton Hall M.D.

Address, 432 W. Fayette St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 11749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 29 1881
4. *Place of Birth, (Street and Number)* 72 Johnson st Balto
5. *Full Name of Mother* Martha Conway
6. *Mother's Maiden Name* Martha Weber
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* P Conway
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

47750

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29/81
4. *Place of Birth, (Street and Number)* 501 N Fremont
5. *Full Name of Mother,* Alice Ainworth
6. *Mother's Maiden Name,* John
7. *Mother's Birthplace,* Alice Decker
8. *Full Name of Father,* Fork Co. Penna
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Ames M D

Address, Cor. Stricker & Pratt

Remarks,

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47751

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29
4. *Place of Birth, (Street and Number)* 482 Cary St
5. *Full Name of Mother,* Mary Frisly
6. *Mother's Maiden Name,* " Divin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frisly
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Jones M.D.

Address, Cor. Stricker & Pressman

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47752

HEALTH DEPARTMENT MAY 31 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1881
4. Place of Birth (Street and Number)	Baltimore Sharp st 110
5. Full Name of Mother	Lizzie Reed
6. Mother's Maiden Name	" Pennington
7. Mother's Birthplace	Dorchester County
8. Full Name of Father	William W. Reed
9. Father's Occupation	Lonie Beer Manufacturer
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs & Elizabeth Scarborough
Address	220 Montgomery st Balti
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29 1881
4. *Place of Birth, (Street and Number)* 198 Lamade St.
5. *Full Name of Mother,* Leah Wallis
6. *Mother's Maiden Name,* " West
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph T. Wallis
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Howard County Md.

Name of Medical Attendant, or other Person who makes this Return Marburg Brewer MD

Address, 68 McCulloh Street

Remarks,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4773 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)*.... Male
2. *Race or Color, (if not of the white race)* Colared Race
3. *Date of Birth,* May 29th 1881
4. *Place of Birth, (Street and Number)* 110 N Register St
5. *Full Name of Mother,* Louissi Hill
6. *Mother's Maiden Name,* Louissi Love
7. *Mother's Birthplace,* South Hanington Virginia
8. *Full Name of Father,* Abraham Hill
9. *Father's Occupation,* Hodcarring
10. *Father's Birthplace,* South Carline

Name of Medical Attendant or other Person who makes this Return. Lucinder Woolford

Address, 130 N Register St

Remarks, N Remarks

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 May - 1881
4. *Place of Birth, (Street and Number)* 62 Gough St
5. *Full Name of Mother,* (Lizzie Latemas) Sarah E. LaDomus
6. *Mother's Maiden Name,* Webster
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Georg (Latemas) LaDomus
9. *Father's Occupation,* Ship carpenter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carper

Address, 72 E Fountain st

Remarks, full name of child - Mary Estelle LaDomus

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 May
4. *Place of Birth, (Street and Number)* E. Eden
5. *Full Name of Mother,* Ida Liman
6. *Mother's Maiden Name,* Kosin
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Geo J Liman
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Wagner

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female –
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 29th 1881
4. *Place of Birth, (Street and Number)* 70 Chestnut St –
5. *Full Name of Mother,* Mary Lucas
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Hartford Co. Md
8. *Full Name of Father,* Alexander Lucas –
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balto –

Name of Medical Attendant, or other Person who makes this Return. D. Sheell M.D.

Address, 1432 N. Exeter St –

Remarks, Mother 16 yrs of age – Position L.O.A. – delivered by forceps –

47758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* it female
2. *Race or Color (if not of the white race)* color Race
3. *Date of Birth* May th 29 1881
4. *Place of Birth (Street and Number)* no 6 phasding cout
5. *Full Name of Mother* Misse lisebeth Leatherbry
6. *Mother's Maiden Name* Was nanny green
7. *Mother's Birthplace* She is bron in yorke st
8. *Full Name of Father* Mister Winder Leatherbry
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E lisebeth gaiffin

Address no 60 Stokeholden Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 29th 1881
4. *Place of Birth, (Street and Number)* No 211 Cross St
5. *Full Name of Mother,* Cathern Busse
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* America
8. *Full Name of Father,* August Busse
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 29, 1881.
4. *Place of Birth, (Street and Number)* S. Dallas St. No 130,
5. *Full Name of Mother,* Anna Reuss.
6. *Mother's Maiden Name,* Anna Gleichmann
7. *Mother's Birthplace,* Vermont, St. Virginia U.S.
8. *Full Name of Father,* Henry Reuss
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

47761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1881 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	Female 6th
(state whether Male or Female)	Female
ce or Color (if not of the white race)	White
e of Birth	May 29th 1881
ce of Birth (Street and Number)	Belvidere Street
l Name of Mother	Mary Murry
her's Maiden Name	Mary Caulfield
her's Birthplace	Ireland
l Name of Father	Patrick Murry
her's Occupation	Engineer
her's Birthplace	Ireland
me of Medical Attendant, or other Person who makes this Return.	Mary Ward
dress	N B 4 Websters Court
marks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 29th 1881.
4. *Place of Birth, (Street and Number)* S. N. Durham Str
5. *Full Name of Mother* Catherine Blothamp
6. *Mother's Maiden Name* Heath
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* John Blothamp
9. *Father's Occupation* Hackman
10. *Father's Birthplace* Balti City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 479 N Gay Street

Remarks

RETURN OF A BIRTH, 11763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* 29 th May
4. *Place of Birth, (Street and Number)* 84 Stockholm st
5. *Full Name of Mother* Manty Weaber
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Brown
9. *Father's Occupation* Steamreder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address 194 Warner st.

Remarks

RETURN OF A BIRTH

477641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Baby

1. *Sex, (state whether male or female)* sex male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* Borne 22 May 1881
4. *Place of Birth, (Street and Number)* South Baltimore No 31 Heath St
5. *Full Name of Mother,* Rosetta Beulings
6. *Mother's Maiden Name,* Rosetta Hartlove
7. *Mother's Birthplace,* Birth Place Baltimore
8. *Full Name of Father,* Leonard Beulings
9. *Father's Occupation,* Occupation Conductor
10. *Father's Birthplace,* Birth Place Jearmancy

Name of Medical Attendant, or other Person who makes this Return Present Ann Thornton

Address, No Bird Street

Remarks, I have been sick since and it caused the delay

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th May 81
4. *Place of Birth, (Street and Number)* #2. McMechen St.
5. *Full Name of Mother,* Mary E. Edwards
6. *Mother's Maiden Name,* Harriman
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Thomas J. Edwards
9. *Father's Occupation,* School Teacher
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return. R. W. Owings

Address, 274 Madison Ave

Remarks,

R. W. Owings, M.D. 274 W. Madison Ave.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 30 1881.
4. *Place of Birth, (Street and Number)* 467 N. Fremont St.
5. *Full Name of Mother* Mary F. Crofsey
6. *Mother's Maiden Name* Talbot
7. *Mother's Birthplace* Boston Mass.
8. *Full Name of Father* Jas. C. Crofsey
9. *Father's Occupation* Florist
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. H. Livingston M.D.

Address 431 Penna. Ave.

Remarks

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 30. 1881.
4. *Place of Birth, (Street and Number)* 467 N. Fremont St.
5. *Full Name of Mother* Mary A. Cropsey
6. *Mother's Maiden Name* Talbot
7. *Mother's Birthplace* Boston Mass.
8. *Full Name of Father* Jas. C. Cropsey
9. *Father's Occupation* Florist
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. H. Livingston M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th (Twin)
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	~~2d~~ (3d) May 30th 1901
4. *Place of Birth (Street and Number)*	207 Cookie St.
5. *Full Name of Mother*	Annie McCullough
6. *Mother's Maiden Name*	Annie Reagan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michael McCullough
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	715 So. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 30th 1881
4. *Place of Birth, (Street and Number)*	203 Johnson St
5. *Full Name of Mother,*	Amelia Byrd
6. *Mother's Maiden Name,*	Amelia Parker
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Odeon Byrd
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D.
Address,	17 Warren ave
Remarks,	

47769
47770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th (Twin)

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th 1881
4. *Place of Birth (Street and Number)* 207 Cooksie St
5. *Full Name of Mother* Annie McCullough
6. *Mother's Maiden Name* Annie Reagan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael McCullough
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilstine

Address 77 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 47771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30. 1881
4. *Place of Birth, (Street and Number)* 166 Myrtle Avenue
5. *Full Name of Mother,* Catharine Jamison
6. *Mother's Maiden Name,* Starkey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Richard Sergeant Jamison
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Marburg Brown M.D.

Address, 66 McCulloh Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

4.7772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30 1881
4. *Place of Birth (Street and Number)* Aiken street near Townsend street
5. *Full Name of Mother* Caroline Sadler (Caroline Sadler)
6. *Mother's Maiden Name* Caroline Sadler Whiley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H. Sadler
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A A Clewell M. D.

Address 559 Harford avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14773

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUN 2 1881 BALTIMORE MD.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 30. 1881.
4. *Place of Birth, (Street and Number)*	95 S. Washington St.
5. *Full Name of Mother,*	Harrietta A.M. Murphy.
6. *Mother's Maiden Name,*	Ferrandini
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno. F. Murphy
9. *Father's Occupation,*	Maker of Picture Frames.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A.F. Erich M.D.
Address,	94 S. Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 May
4. *Place of Birth, (Street and Number)* 27 W. Lombard
5. *Full Name of Mother,* Ina Hasbrau
6. *Mother's Maiden Name,* Simms
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Geog Hasbrau
9. *Father's Occupation,* Sadler
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Cooper

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May ~~27~~ 20 1881
4. *Place of Birth, (Street and Number)* 348 Franklin St
5. *Full Name of Mother,* Louise Stein Techtesche
6. *Mother's Maiden Name,* Louise Stein
7. *Mother's Birthplace,* Balto MD
8. *Full Name of Father,* Robert Techtesche
9. *Father's Occupation,* Segar Packer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Schlosser

Address, No 20 Columbia Ave

Remarks, ~~—~~

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* May 30th
4. *Place of Birth, (Street and Number)* No. 21 Miller Street
5. *Full Name of Mother,* Henrietta Mainhardt
6. *Mother's Maiden Name,* " Manthei
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Mainhardt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No. 70 Granby Street.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. GIST, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 4777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 30th 1881
4. *Place of Birth, (Street and Number)* Baltimore Perkin st No 58
5. *Full Name of Mother* Elizabeth Gibson
6. *Mother's Maiden Name* Lightner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Gibson
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Mitchell

Address No 58 Perkin st.

Remarks

RETURN OF A BIRTH 4778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of May
4. *Place of Birth, (Street and Number)* 167 Eddington Ave
5. *Full Name of Mother,* Barbara Wolf
6. *Mother's Maiden Name,* Otto
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johan Wolf
9. *Father's Occupation,* 167 Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wolf

Address, No 12 Patterson Park Ave

Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 30 d 1881

4. *Place of Birth, (Street and Number)* No 254 Bathrero av

5. *Full Name of Mother,* Louise Krug

6. *Mother's Maiden Name,* young

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Cristian Krug

9. *Father's Occupation,* Coal trimmer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Johnson M midwife

Address, 330 Hanover st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 February 1841
4. *Place of Birth (Street and Number)* 331 Chatsworth St
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* " Fox
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Martin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD

Address 68 McElderry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 47780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3d Child

1. *Sex,* (*state whether* ~~male or~~ *female*)
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* May the 30, 1881.
4. *Place of Birth,* (*Street and Number*) S. Bethel St. 16 91.
5. *Full Name of Mother,* Maria W. Rauber
6. *Mother's Maiden Name,* Maria W. Puppe.
7. *Mother's Birthplace,* Egeton, N. Preussen. Germany
8. *Full Name of Father,* Ludwig Rauber
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Crainfeld. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return Kay E. Miller

Address, N. Gallas St. № 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4-7781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 6 1891
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th, 1891
4. Place of Birth (Street and Number)	518 Aisquith st
5. Full Name of Mother	Catherine Maccubbin
6. Mother's Maiden Name	Wiger
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Harry Maccubbin
9. Father's Occupation	Painter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	M. B. Billingslea
Address	256 E John st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 6 o'clock A M 1881
4. *Place of Birth (Street and Number)* 259 Madison St Baltimore
5. *Full Name of Mother* Mary McCart
6. *Mother's Maiden Name* Mary Clark
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James McCart
9. *Father's Occupation* Plumer & Coppersmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groom,

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4778

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 30th 1881
4. *Place of Birth* (Street and Number)	56 Carrollton av.
5. *Full Name of Mother*	Isabella Kovckogey
6. *Mother's Maiden Name*	" Murray
7. *Mother's Birthplace*	Maryland Balt. Co.
8. *Full Name of Father*	James Fillmore Kovckogey
9 *Father's Occupation*	Printer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E Goverboy M.D.
Address	289 W. Fayette st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47784

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30th 1881
4. *Place of Birth, (Street and Number)* Annie L Miller
5. *Full Name of Mother,* Annie Liniment
6. *Mother's Maiden Name,* Place Brot Canton Av Ser Wlf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simm

Address, 1 1/2 S. Washington St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 47785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* 30 July
4. *Place of Birth, (Street and Number)* 142 Warner st
5. *Full Name of Mother* Sallie Myers
6. *Mother's Maiden Name* " Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Myers
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson

Address 194 Warner st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th 1881
4. *Place of Birth (Street and Number)* 223 Jefferson st Balto
5. *Full Name of Mother* Lucy A Minor
6. *Mother's Maiden Name* Lucy A Minor (Ward County)
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Henry C Minor
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. E W Janney MD

Address Boston & Patapsco RR

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47787

HEALTH DEPARTMENT JUL 7 E 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~88 At~~ May 30: 1881
4. *Place of Birth (Street and Number)* 88 Maryland Ave
5. *Full Name of Mother* Martha Wagner
6. *Mother's Maiden Name* " Bailey
7. *Mother's Birthplace* Md
8. *Full Name of Father* Francis Wagner
9. *Father's Occupation* R. R. Employee
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. D. C. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH

47788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mayo 30th 1881
4. *Place of Birth, (Street and Number)* 496 Cross St
5. *Full Name of Mother,* Martha E Sennett
6. *Mother's Maiden Name,* " " Widows
7. *Mother's Birthplace,* New Ark Del
8. *Full Name of Father,* Saml L Sennett
9. *Father's Occupation,*
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 168 S Pacific

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 47789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 18[illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 31st of May

4. *Place of Birth, (Street and Number)* 23 Eddy all St.

5. *Full Name of Mother,* Ellen H. Wales

6. *Mother's Maiden Name,* Thompson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John H. Wales

9. *Father's Occupation,* Boatsman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Grady

Address, 36 Cathedral St.

Remarks,

Further Regulations of the Board of Health to secure a complete Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

11/790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1 1881
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'

1. *Sex (state whether Male or Female)* Male 2
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May th 31 1881
4. *Place of Birth (Street and Number)* Pratt st 767
5. *Full Name of Mother* Mary A Edgar
6. *Mother's Maiden Name* Mary A Walter
7. *Mother's Birthplace* Anglearunel Co Md
8. *Full Name of Father* Charles Edgar
9. *Father's Occupation* Elbridge Landing
10. *Father's Birthplace* Caspar

Name of Medical Attendant, or other Person who makes this Return. Mrs S Kelly

Address 792 Pratt st

Remarks

RETURN OF A BIRTH

11791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31 1881
4. *Place of Birth, (Street and Number)*	117 So S[illegible] St
5. *Full Name of Mother,*	Maggie Lucas
6. *Mother's Maiden Name,*	Maggie Carr
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Geo. W. Lucas
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address,	17 Hanover av
Remarks,	

HEALTH DEPARTMENT JUN 1881 BALTIMORE

PRINTER

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

47792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 21 of May
4. *Place of Birth, (Street and Number)* Chofstank st 169
5. *Full Name of Mother,* Marry Begal
6. *Mother's Maiden Name,* M. Blaeur
7. *Mother's Birthplace,* Shanlent
8. *Full Name of Father,* John Begal
9. *Father's Occupation,* Brick clarer
10. *Father's Birthplace,* Goldendorf

Name of Medical Attendant, or other Person who makes this Return Misses Luckan

Address, 10 Essex st

Remarks, — — — — — — —

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st May
4. *Place of Birth, (Street and Number)*	49 Essex st E
5. *Full Name of Mother,*	Gusty Beck
6. *Mother's Maiden Name,*	Neff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Beck
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park pl
Remarks,	Called Dr Dexter Gately

HEALTH DEPARTMENT OCT 4 1901 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1777941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* May 31th 1881
4. *Place of Birth,* (Street and Number) No 30 Albemarle St.
5. *Full Name of Mother,* Augusta Getz
6. *Mother's Maiden Name,* v Schwabenhausen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alfred Getz
9. *Father's Occupation,* Sign & House Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* May 31st 1881
4. *Place of Birth, (Street and Number)* No. 123 Sharp st
5. *Full Name of Mother,* Bertha Weil
6. *Mother's Maiden Name,* Mehla
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Joseph Weil
9. *Father's Occupation,* Sailesman
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other Person who makes this Return J. Johnson Sr midwife

Address, 330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 31 st 1881
4. *Place of Birth, (Street and Number)*	No 278 Cross st
5. *Full Name of Mother,*	Mary Sichelstein
6. *Mother's Maiden Name,*	Hunzie
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Sichelstein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwarzer midwife
Address,	330 Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 31st 1881
4. *Place of Birth (Street and Number)* No 204 Eastern Ave
5. *Full Name of Mother* Emma Bauer
6. *Mother's Maiden Name* Lautenbach
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Cristoff Bauer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank St.

Remarks

47798

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31 /81
4. *Place of Birth, (Street and Number)* 48 N Poppleton St
5. *Full Name of Mother,* Radie E Hersch
6. *Mother's Maiden Name,* " " Pierce
7. *Mother's Birthplace,* Balto County Md
8. *Full Name of Father,* George F Hersch
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W C Rogers Mr

Address, W n Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 31 1881
4. *Place of Birth, (Street and Number)* N° 88 Font Avenue
5. *Full Name of Mother* C. Steinbeck
6. *Mother's Maiden Name* C. Crist
7. *Mother's Birthplace* Germany
8. *Full Name of Father* F. Steinbeck
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Thomas

Address N° 18 Byrd St

Remarks

47800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 31st 1881
4. Place of Birth (Street and Number) 5 Cemetery Lane
5. Full Name of Mother Katie Stripe
6. Mother's Maiden Name Katie Stripe
7. Mother's Birthplace City
8. Full Name of Father George Gill
9. Father's Occupation Fish Dealer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby ~~319 N. Central Ave~~

Address 319 N. Central Ave

Remarks

HEALTH DEPARTMENT JUN 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1887 BALTIMORE

Required by Vital Statistics of the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 31/87
4. *Place of Birth, (Street and Number)*	74 S. Washington St.
5. *Full Name of Mother,*	Elizabeth Howard
6. *Mother's Maiden Name,*	" Henderson
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Joseph Howard
9. *Father's Occupation,*	Engraftsman
10. *Father's Birthplace,*	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address,	117 S. Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31 st
4. *Place of Birth, (Street and Number)* 35 Portland
5. *Full Name of Mother,* Mary Scholing
6. *Mother's Maiden Name,* " Gellmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Scholing
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohm M.D.

Address, 166 S. Paca st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4/7803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31st
4. *Place of Birth, (Street and Number)* 131 S. Fremont St
5. *Full Name of Mother,* Gertrud Bayrle
6. *Mother's Maiden Name,* " Henberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Bayrle
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohn M.D.

Address, 166 S. Paca St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47804

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31d May 1881
4. *Place of Birth, (Street and Number)* No 7. E. Fayett St
5. *Full Name of Mother,* Minnie Wederhake
6. *Mother's Maiden Name,* M. Heise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wederhake
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, No 28. [illegible] Baltimore Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47805.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31. st. 1881.
4. *Place of Birth, (Street and Number)* No. 109 S. Spring.
5. *Full Name of Mother,* Mary Gebhart.
6. *Mother's Maiden Name,* Mary Bollman.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gebhart.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bavaria Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Butt.

Address, No 185. S.E. cor. Central av. & Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

47806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31st 1881
4. *Place of Birth (Street and Number)* 253 Druid Hill Avenue
5. *Full Name of Mother* Jennie E. Stone
6. *Mother's Maiden Name* Jennie E Platt
7. *Mother's Birthplace* New Haven, Conn.
8. *Full Name of Father* Marvin C. Stone
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Portage County Ohio

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address 234 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 31st 1881
4. *Place of Birth, (Street and Number)*	Durham St near Bank St.
5. *Full Name of Mother,*	M A P Sands
6. *Mother's Maiden Name,*	Mary Ann Sands
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos E Sands.
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address,	#171 E. Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

17808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 10 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Last
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31st 1881
4. *Place of Birth, (Street and Number)*	# 150 Castle st
5. *Full Name of Mother,*	E H P. Holstein
6. *Mother's Maiden Name,*	E H Prussian
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	R. Holstein
9. *Father's Occupation,*	Drivers
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timm
Address,	# 171 E. Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31st
4. Place of Birth (Street and Number)	No 32 Cathedral St
5. Full Name of Mother	Estelle Robertson Fisher
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	A H Robertson
9. Father's Occupation	Lawyer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Reggie Beckham
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 31: 1881
4. Place of Birth (Street and Number) McCulloh Cor Lanvers
5. Full Name of Mother Sarah E. King
6. Mother's Maiden Name " " Shield
7. Mother's Birthplace Baltimore
8. Full Name of Father John King
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1931
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 5
4. *Place of Birth, (Street and Number)*	315 Fayette St.
5. *Full Name of Mother,*	Eliza Sheen
6. *Mother's Maiden Name,*	Daly
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	A J Sheen
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Carroll Co.
Name of Medical Attendant, or other Person who makes this Return.	A M Wilson
Address,	251 Madison Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47812

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

BALTIMORE CITY.

Name: Lillian Blanche (~~Arnal~~) Stigers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 23rd 1881
4. *Place of Birth, (Street and Number)* 467 W. Lombard St.
5. *Full Name of Mother* Mary Stigers
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* William Stigers
9. *Father's Occupation* Blk Smith
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 204 Carrollton Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 23rd 1881
4. *Place of Birth, (Street and Number)* 21 S. Gilmor St
5. *Full Name of Mother* Rachil Hibberts
6. *Mother's Maiden Name* Stewart
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* George Hibbert
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 304 Conwellton Ave,

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 26th 1881
4. *Place of Birth, (Street and Number)* Lombard St. Cor Dewberry Alley
5. *Full Name of Mother* Catherine Hayes
6. *Mother's Maiden Name* Henry
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Robert Hayes
9. *Father's Occupation* Harnessmaker
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 204 Cowellton Ave.

Remarks

RETURN OF A BIRTH.

11/816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	[illegible]
Date of Birth	Augt 4th 1880
Place of Birth (Street and Number)	160 West Street
Full Name of Mother	Ellen Stuart
Mother's Maiden Name	Ellen Barnes
Mother's Birthplace	Cumberland Co. Pa.
Full Name of Father	Logan Stuart
Father's Occupation	Laborer
Father's Birthplace	Cumberland Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	J. K. Wiley M D
Address	158 Hanover Street
Remarks	

RETURN OF A BIRTH.

47816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th Child

(state whether Male or Female) Male

Race or Color (if not of the white race)

Date of Birth August 15-th " 1881

Place of Birth (Street and Number) 40 " Mc " Henry Street

Name of Mother Susan Thompson

Mother's Maiden Name Susan Gaither

Mother's Birthplace Carrol Co Maryland

Name of Father Charles R Thompson

Father's Occupation Laborer

Father's Birthplace Howard Co Maryland

Name of Medical Attendant, or other Person who makes this Return. Z. K. Wiley M.D.

Address

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their ph... condition, whether still born or not, the full name, nativity, and residence of the parents, and the ma... name of the mother of such child or ...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 21st 1881
4. *Place of Birth, (Street and Number)* 290 N. Sharp St.
5. *Full Name of Mother* Lavenia Medcalfe
6. *Mother's Maiden Name* Hackett
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John A. J. Medcalfe
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 254 Lemmon Ave

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 9th 1881
4. Place of Birth (Street and Number) 205 Bolton St
5. Full Name of Mother Catharine Matilda Cugle
6. Mother's Maiden Name Catharine Matilda Zimmerman
7. Mother's Birthplace Baltimore
8. Full Name of Father Edwin Cugle
9. Father's Occupation Bank Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jos: Lloyd Martin M.D.

Address No 38 Mount Vernon Place

Remarks

RETURN OF A BIRTH,

11819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 12th 1881
4. *Place of Birth, (Street and Number)* 258 Columbia Ave
5. *Full Name of Mother* Elizabeth A Bell
6. *Mother's Maiden Name* Townsend
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William H Bell
9. *Father's Occupation* Produce dealer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 204 Lancaster Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17820

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 5th 1881
4. *Place of Birth, (Street and Number)* 159 N Henry St
5. *Full Name of Mother* Mary E Hubley
6. *Mother's Maiden Name* Walter
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William G Hubley
9. *Father's Occupation* Conductor B & O R R Co
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. (John Neff)

Address 204 Carrollton Ave

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 23rd
4. *Place of Birth, (Street and Number)* 103 S. Gilmor St.
5. *Full Name of Mother* Mary Clark
6. *Mother's Maiden Name* Duffey
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry E. Clark
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 204 Lanvale St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 28th
4. *Place of Birth, (Street and Number)* 60 E. Dayton St
5. *Full Name of Mother* Sarah Moses
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Meyer Moses
9. *Father's Occupation* Merchant
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. John Nutt

Address 304 Lanvale Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

4823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 1st
4. *Place of Birth, (Street and Number)* 392 Hollins St
5. *Full Name of Mother* Sarah Hackett
6. *Mother's Maiden Name* Hartzell
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Chas Hackett
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maine

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 204 Carrollton Ave

Remarks

RETURN OF A BIRTH,

4/821

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 1st 1881
4. *Place of Birth, (Street and Number)* 72 S. Mount St
5. *Full Name of Mother* Sarah Pearl
6. *Mother's Maiden Name* Colhour
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Thomas Pearl
9. *Father's Occupation* Engineer B & O R Rd
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John Nutt

Address 204 Lancaster Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ella Horner 2nd

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 2 ~ 1881
4. *Place of Birth, (Street and Number)* 162 N Calhoun St.
5. *Full Name of Mother* Ella Horner
6. *Mother's Maiden Name* Shanetts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Horner
9. *Father's Occupation* Baleman
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Ruff

Address 104 Carrollton Ave.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* ~~258 N Lanvin St~~ March 6th
4. *Place of Birth, (Street and Number)* 254 N Lanvin St
5. *Full Name of Mother* Catherine Bicker
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Bicker
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Neff

Address 204 Lanvin Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 15th
4. *Place of Birth, (Street and Number)* 200 N. Conselton Ave
5. *Full Name of Mother* Ella Cambell
6. *Mother's Maiden Name* Hollingshead
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John L. Cambell
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 304 Conselton Ave

Remarks

RETURN OF A BIRTH, 17828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 21st 1881
4. *Place of Birth, (Street and Number)* 3 S. Sharp St
5. *Full Name of Mother* Sarah Carson
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William Carson Jr
9. *Father's Occupation* Coal Merchant
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Nuth

Address 204 Carrollton Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 25th 1881
4. *Place of Birth, (Street and Number)* Lombard St. Cor Calhoun
5. *Full Name of Mother* Eliza Londenslager
6. *Mother's Maiden Name* Rothrock
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John W. Londenslager
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 384 Lancaster Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 6th 1881
4. *Place of Birth, (Street and Number)* 1 Holland Alley
5. *Full Name of Mother* Mary Norton
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Norton
9. *Father's Occupation* Blksmith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 304 Caroline Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

4831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1881
4. *Place of Birth, (Street and Number)* 105 N. Poppleton St.
5. *Full Name of Mother* Laura Davis
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John T Davis
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. John Duff

Address 304 Carrollton Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE ALTIMORE DEPARTMENT
JUL 20 1911
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9th
4. *Place of Birth, (Street and Number)* 22 S. Carey St
5. *Full Name of Mother* Catherine Miller
6. *Mother's Maiden Name* Lechleiter
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* George C. Miller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 104 Carrollton Ave

Remarks

Extract Regulations of the Board of Health to Secure

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 4/833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 13th 1881
4. *Place of Birth, (Street and Number)* 521 Hanover St.
5. *Full Name of Mother* Jane Kennedy
6. *Mother's Maiden Name* Lechlider
7. *Mother's Birthplace* Howard Co. Md
8. *Full Name of Father* M. S. Kennedy
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. John Nett

Address 204 Camden Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

478 94

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	May 22nd 1881
4. Place of Birth (Street and Number)	439 E. Eager St
5. Full Name of Mother	Elly R. Grape
6. Mother's Maiden Name	Richardson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. S. Grape
9. Father's Occupation	P.O. Clerk
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	A. T. Reynolds
Address	186 Aisquith St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17835

HEALTH DEPARTMENT OCT 2 1901 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth* Montgomery st 1528
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother* Virginia Mason
6. *Mother's Maiden Name* Virginia Jeffers
7. *Mother's Birthplace* Eastern Shore md
8. *Full Name of Father* Dudly Mason
9. *Father's Occupation* Fathers occupation Labor
10. *Father's Birthplace* Grundry Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorne

Address Montgomery st 1528

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 1st 1881
4. *Place of Birth (Street and Number)* 23 Fairmount Ave
5. *Full Name of Mother* Louisa Reichel
6. *Mother's Maiden Name* " Plitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Marcus Reichel
9. *Father's Occupation* Iron moulder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH, 11583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 1st 1881.
4. *Place of Birth, (Street and Number)* 400 N. Calhoun St.
5. *Full Name of Mother* Imogene Gallagher-Santmyer
6. *Mother's Maiden Name* McLaughlin
7. *Mother's Birthplace* Balto. Co. Md.
8. *Full Name of Father* Louis E. Santmyer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH.

17838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 1891
4. *Place of Birth (Street and Number)* No 10 Peach alley
5. *Full Name of Mother* Sarah Frances Cooley
6. *Mother's Maiden Name* Sarah Frances Smith
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Smith
9. *Father's Occupation* brick maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Midwife

Address Mary Chase on light st

Remarks No 11 Grindal court to Charles

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 1 1881
4. Place of Birth (Street and Number)	249 Light
5. Full Name of Mother	Emma Kirkwood
6. Mother's Maiden Name	" Cragg
7. Mother's Birthplace	Balt Co
8. Full Name of Father	Samuel Kirkwood
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address	57 Barre
Remarks	

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

47840

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jun 1881
4. *Place of Birth, (Street and Number)* No. 183 Reptman st Balto.
5. *Full Name of Mother* Jane E. Perry
6. *Mother's Maiden Name* Stewart
7. *Mother's Birthplace* Charles Co. Md.
8. *Full Name of Father* Thos. D Perry
9. *Father's Occupation* Grocer
10. *Father's Birthplace* St. Mary Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll

Address No. 171 Reptman st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47841

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1st June 1891
4. *Place of Birth, (Street and Number)* No 233 South Charles St.
5. *Full Name of Mother* Francis A. Gier
6. *Mother's Maiden Name* Francis A Hardy
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles H. Gier
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Baltimore Thomas

Address No 18 Byrd St

Remarks

47842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1881
4. *Place of Birth, (Street and Number)* No 390 Pennsylvania Avenue Balt.
5. *Full Name of Mother,* Sarah Buesche
6. *Mother's Maiden Name,* " Pope
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Gustav Buesche
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Minden Prussia

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M. D.

Address, No 205 W. Lombard St.

Remarks, Baltimore Md.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

14784-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1891 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* June 1st 1891
4. *Place of Birth (Street and Number)* Kings Court
5. *Full Name of Mother* ~~Robert Hollin~~ Charlotte Hollin
6. *Mother's Maiden Name* Charlotte Reed
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Robert Hollin
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley M.D.

Address 258 Hanover

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11784

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1881
4. Place of Birth (Street and Number)	No 5 Constitution St
5. Full Name of Mother	Maggie Kelly
6. Mother's Maiden Name	Maggie Hughes
7. Mother's Birthplace	Balto. Co
8. Full Name of Father	William Kelly
9. Father's Occupation	R. R. Brakeman
10. Father's Birthplace	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter M.D
Address	36 Gremont Ave
Remarks	

47845

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 June
4. *Place of Birth, (Street and Number)* 157 S Eden
5. *Full Name of Mother,* Pusta Waneck
6. *Mother's Maiden Name,* Will
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Will Waneck
9. *Father's Occupation,* Eis Dreiner
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Caspe

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	First of June
4. Place of Birth (Street and Number)	128 N. Eutaw St. Balto.
5. Full Name of Mother	Lila Mandy
6. Mother's Maiden Name	Lila Tyson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gaston Mandy
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Northern North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Wm. Howard
Address	181 Madison Ave
Remarks	R. O. P. Position, forceps delivery.

RETURN OF A BIRTH

47847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUN 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1881
4. *Place of Birth, (Street and Number)* #264 S. Broadway
5. *Full Name of Mother,* Pauline Chiesa
6. *Mother's Maiden Name,* ..... Ripa
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Carl Chiesa
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krafft

Address, #236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1584-5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1/89
4. *Place of Birth, (Street and Number)*	#28 Albemarle
5. *Full Name of Mother,*	Mary Fuchs
6. *Mother's Maiden Name,*	" Lenz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Franz Fuchs
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Canton Ave
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 June
4. *Place of Birth, (Street and Number)* 267 N. Dallas St.
5. *Full Name of Mother,* Katharine Hoffman
6. *Mother's Maiden Name,* " " " Poole
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Petr Hoffman
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 20 Barnes St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN P. FOOT, PRINTER & STATIONER, BALT.

47850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 2. 1881
4. Place of Birth (Street and Number) 165 Presstman st
5. Full Name of Mother Rose D. Warwock,
6. Mother's Maiden Name Dinsmore,
7. Mother's Birthplace Balto. City,
8. Full Name of Father William W. Warwock,
9. Father's Occupation Shoemaker,
10. Father's Birthplace Philadelphia,

Name of Medical Attendant, or other Person who makes this Return. J. L. Ingle M. D.,

Address 247 Lanvale st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 2nd of June 1881.
4. *Place of Birth, (Street and Number)* No. 17 South East cor. Eden & Gough.
5. *Full Name of Mother,* Lizzie Burak.
6. *Mother's Maiden Name,* Lizzie Fredel
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Mick Fredel.
9. *Father's Occupation,* Hugster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel street per Crescina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47852

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2nd 1881
4. *Place of Birth, (Street and Number)* Mary Meyer 183 Henrietta St.
5. *Full Name of Mother,* Gogert
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* William Meyer
8. *Full Name of Father,* Laborer
9. *Father's Occupation,* Germany
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-7853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Simon

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Male
3. Date of Birth	May June 2 1881
4. Place of Birth (Street and Number)	Mrs Coat 1105
5. Full Name of Mother	Emma Henson
6. Mother's Maiden Name	Emma Jenkins
7. Mother's Birthplace	Petersburg Va
8. Full Name of Father	Charles Henson
9. Father's Occupation	Stevedore
10. Father's Birthplace	St Mary Co Md
Name of Medical Attendant, or other Person who makes this Return.	May G Dennis
Address	mid wife No 21 Pinch Alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1891 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) a male & a female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 2/81
4. *Place of Birth* (Street and Number) n.E. cor Eden & Madison sts
5. *Full Name of Mother* Fannie Loos
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos E. Loos
9. *Father's Occupation*
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. F. A. Warner

Address 156 n Eden

Remarks

RETURN OF A BIRTH.

11855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 2nd Thursday morning
4. Place of Birth (Street and Number)	Baltimore No 5 Nurses alley
5. Full Name of Mother	Mrs Ann Eliza Reynolds
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Fredricksburg Va
8. Full Name of Father	Edward Reynolds
9. Father's Occupation	Waiter
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Annie Johnson
Address	No 96 Eutaw St near Monument
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 10 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 2d
4. *Place of Birth (Street and Number)*	9 N Gilmor
5. *Full Name of Mother*	J. W. Smallwood
6. *Mother's Maiden Name*	Groves
7. *Mother's Birthplace*	North Carolina
8. *Full Name of Father*	George L. Smallwood
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address	39 N. Carey St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47857

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2 - 1881
4. *Place of Birth, (Street and Number)* No 53 Milliman St
5. *Full Name of Mother,* M. Hall
6. *Mother's Maiden Name,* M. Hubbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jesse A. Hall
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Attwell

Address, 256 McDonogh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47858

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* June 2 - 1881
4. *Place of Birth, (Street and Number)* No 278 N. Durham St
5. *Full Name of Mother,* Hannah Moore
6. *Mother's Maiden Name,* Hannah McCordock
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Robert Moore
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonough St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 June
4. *Place of Birth, (Street and Number)* 65 N Exeter
5. *Full Name of Mother,* Mari Weber
6. *Mother's Maiden Name,* Engel
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Charles Weber
9. *Father's Occupation,* Cicar Maker
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47860

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 June
4. *Place of Birth, (Street and Number)* 88 S Exeter
5. *Full Name of Mother,* Lizie Weit
6. *Mother's Maiden Name,* Ranay
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James Weit
9. *Father's Occupation,* Eis Dreiwer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

47861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 2th 1881.
4. *Place of Birth, (Street and Number)* # 66 Jefferson street.
5. *Full Name of Mother* Wilhelmina Zulauf
6. *Mother's Maiden Name* Wilhelmina Frieckenstein
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Conrad Zulauf
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegust

Address 182 E Monument st

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

47862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* June 2nd 91

4. *Place of Birth, (Street and Number)* # 193 Leadenhall St.

5. *Full Name of Mother,* Augusta Neiman

6. *Mother's Maiden Name,* " Siebold

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August. Neiman

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Humburg.

Name of Medical Attendant, or other Person who makes this Return Mary Work

Address, # 328. S. Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 47863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2/87
4. *Place of Birth, (Street and Number)* #64 S. Bethel Str
5. *Full Name of Mother,* Caroline Lang
6. *Mother's Maiden Name,* nee Munk
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Karl Lang
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Knapp

Address. # 236 Canton Ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 47861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 2nd 1881
4. *Place of Birth, (Street and Number)* 834 Hanover St
5. *Full Name of Mother* Minnie Fuller
6. *Mother's Maiden Name* Minnie Schlitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Fuller
9. *Father's Occupation* Coloured Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. McDonnell

Address 845

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17865

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2d 1881
4. *Place of Birth, (Street and Number)* Number 27 Bevan Street Balt City
5. *Full Name of Mother,* Sophia Catharina Siedling
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John. Fredrick. Henry Siedling
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return — Mrs Muench

Address, 1 Lancaster Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2/81
4. *Place of Birth, (Street and Number)* 140 Myrtle Ave
5. *Full Name of Mother,* Fannie D. Hook
6. *Mother's Maiden Name,* Fannie D. Linn
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* E. Frank Hook
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 87 N Greene St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 47567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6 1881
4. *Place of Birth, (Street and Number)* 407 N. Calhoun st
5. *Full Name of Mother* Margaret E. Mertie
6. *Mother's Maiden Name* Murray
7. *Mother's Birthplace* Milton Va.
8. *Full Name of Father* John B. Mertie
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Louisburg Va.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH 47568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 3rd
4. *Place of Birth, (Street and Number)* No. 298 Central Ave.
5. *Full Name of Mother,* Maria Hill
6. *Mother's Maiden Name,* " Schröeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hill
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No. 76 Granby Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 17869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

That any Physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 3 of June
4. *Place of Birth, (Street and Number)* No 160 Sterling St
5. *Full Name of Mother* Maggie Lee Longhead
6. *Mother's Maiden Name* Maggie Yeater
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Yeates Yeater
9. *Father's Occupation* Sayler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina

Remarks Yards 173 Hanover

1881

RETURN OF A BIRTH 47870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPT. JUL 6 1901 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Colored Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 3rd 1901
4. *Place of Birth, (Street and Number)* No 164 Eutaw Green Street
5. *Full Name of Mother,* Annie Wheeler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Wheeler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Bluxome Alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

17871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3 & June

4. *Place of Birth, (Street and Number)* 19 Port A.C.

5. *Full Name of Mother,* Mary E. Hodges

6. *Mother's Maiden Name,* " Engel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Hodges

9. *Father's Occupation,* Presser

10. *Father's Birthplace,* Germany Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Pilcy

Address. No 12 Patterson Park Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 3d 1881
4. *Place of Birth (Street and Number)* 188 N. Charles
5. *Full Name of Mother* Ellen Latrobe
6. *Mother's Maiden Name* Ellen Pennington
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Ferdinand Claiborne Latrobe
9. *Father's Occupation* Mayor of Baltimore
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Ayer

Address 181 Madison Ave

Remarks Easy natural labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (~~state whether Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth June 3rd 1881

4. Place of Birth (Street and Number) 238 W. Charles Street

5. Full Name of Mother Maria Champe Robinson

6. Mother's Maiden Name Champe Conway

7. Mother's Birthplace Lynchburg Virginia

8. Full Name of Father John Monroe Robinson

9. Father's Occupation Pres. Balto Steam P. Co. P. & R. R. R. R. Co. &c &c

10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. T. Howard

Address 181 Madison Ave

Remarks R. O. P. Position, Advisory Labor.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

178714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd of June
4. *Place of Birth, (Street and Number)* 7 Federal St.
5. *Full Name of Mother,* Sarah Esther Chalk,
6. *Mother's Maiden Name,* " Crosby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Robert Chalk
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

RETURN OF A BIRTH.

17575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	Jan 3, 1881
4. *Place of Birth (Street and Number)*	361 N. Caroline St
5. *Full Name of Mother*	Ella Stewart
6. *Mother's Maiden Name*	Ella Frazier
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Alexander Stewart
9. *Father's Occupation*	Clerk of Customs.
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck. MD
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 3, 1881
4. Place of Birth (Street and Number) 223 Light
5. Full Name of Mother Caroline Este
6. Mother's Maiden Name " Thomas
7. Mother's Birthplace Germany
8. Full Name of Father Lewis Este
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 51 Burne st

Remarks Overlooked last month

RETURN OF A BIRTH

47877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th of June

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 4 June
4. *Place of Birth, (Street and Number)* 937 Plum Alley
5. *Full Name of Mother,* mary Jane Blunder
6. *Mother's Maiden Name,* mary Jane Jackson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eliga Jackson
9. *Father's Occupation,* dentist
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47878

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 4th 1881
4. *Place of Birth, (Street and Number)* 257 Orleans St.
5. *Full Name of Mother,* Mamie Mackey
6. *Mother's Maiden Name,* Mamie Wilson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Mackey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Walker

Address, 10, 15 Duncan Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of June 1881
4. *Place of Birth, (Street and Number)* 501 East Monument Street
5. *Full Name of Mother,* Julg Bauer
6. *Mother's Maiden Name,* Julg Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Paul Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sanctuary . June . 4 . 1861
4. *Place of Birth, (Street and Number)* Ridgeley St No 56
5. *Full Name of Mother,* Bertie Spies
6. *Mother's Maiden Name,* Bertie Winkel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Spies
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimar

Name of Medical Attendant, or other Person who makes this Return. Mrs Schliper

Address, No 20 Columbia avenue

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

47881

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 9 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 4th
4. *Place of Birth, (Street and Number)* No 72 Gough st
5. *Full Name of Mother,* Mary Geiger
6. *Mother's Maiden Name,* " Colman
7. *Mother's Birthplace,* Ge Baltimore
8. *Full Name of Father,* John Geiger
9. *Father's Occupation,* Labor work.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 4th 1881
4. *Place of Birth (Street and Number)* 218 Vine Street
5. *Full Name of Mother* Laura Stewart
6. *Mother's Maiden Name* Laura Queen
7. *Mother's Birthplace* Anna Arundel County
8. *Full Name of Father* John Stewart
9. *Father's Occupation* Soldier
10. *Father's Birthplace* West River Md

Name of Medical Attendant, or other Person who makes this Return. Catherine Reiley

Address 44 Wilkins Street

Remarks

RETURN OF A BIRTH

47883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4th 1881
4. *Place of Birth, (Street and Number)*	#189 Gough St
5. *Full Name of Mother,*	E. Pt Meyer
6. *Mother's Maiden Name,*	Estelle Knorr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm D. Meyer
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address,	#191 E. Washington St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 4, 1881
4. *Place of Birth, (Street and Number)* N. Bethel St. No 112,
5. *Full Name of Mother,* Auguste, Juny
6. *Mother's Maiden Name,* Auguste, Schaefer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Heinrich Juny
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Marburg, N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Miller

Address, N. Gallas St. No 26

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

47883

RETURN OF A BIRTH,

HEALTH DEPARTMENT JUN 13 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 4th 1881
4. *Place of Birth, (Street and Number)* 228. N Broadway
5. *Full Name of Mother* Charlotta Antonia Bartz
6. *Mother's Maiden Name* Lindt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles P. Bartz
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. S. W. Blomer M.D.

Address 474. N Gay Street

Remarks

RETURN OF A BIRTH

11586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 June 1881
4. *Place of Birth, (Street and Number)* 144 Bond St
5. *Full Name of Mother,* Maggie Monks
6. *Mother's Maiden Name,* Reller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos Monks
9. *Father's Occupation,* Telegraph
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Madame Ulbig

Address, 48 E Aland St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 4th 1881
4. *Place of Birth, (Street and Number)*	29 Gough St.
5. *Full Name of Mother,*	Frances B. Booth
6. *Mother's Maiden Name,*	Frances B. Harris
7. *Mother's Birthplace,*	Kent Co. Md.
8. *Full Name of Father,*	Henry A. Booth
9. *Father's Occupation,*	Sign Painter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hannah Knowles
Address,	No 136 S. Caroline St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 24 1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 81
4. *Place of Birth, (Street and Number)* #170 S Ann St
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Beck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Kraft

Address, #236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 12

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* June 4, 1881
4. *Place of Birth, (Street and Number)* 113 S Wolfe St
5. *Full Name of Mother,* Mary A. Dietuly
6. *Mother's Maiden Name,* " Waltzen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christopher F Dietuly
9. *Father's Occupation,* Surveyor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W W White, M.D.

Address, 347 S. Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 2 3
1881
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* ..... June 4. 1881
4. *Place of Birth, (Street and Number)* ..... Lan. Casterstr No 44
5. *Full Name of Mother,* ..... Mary Suss
6. *Mother's Maiden Name,* ..... Bauer
7. *Mother's Birthplace,* ..... Balt.
8. *Full Name of Father,* ..... Johann Suss
9. *Father's Occupation,* ..... Lebner
10. *Father's Birthplace,* ..... Balt.

Name of Medical Attendant, or other Person who makes this Return ..... Mr Joh. Baubach

Address, ... S. Wolf. No. 14

Remarks, ... Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Twelve days
4. *Place of Birth, (Street and Number)*	57 Fountain St
5. *Full Name of Mother,*	Anna Gerneth
6. *Mother's Maiden Name,*	Anna Theslein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	~~George~~ Theslein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Simms
Address,	174 South Washington St
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

47899

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1881
4. *Place of Birth, (Street and Number)* 89 Mullikin
5. *Full Name of Mother,* Jeminiah Elizab. Smart
6. *Mother's Maiden Name,* " " Killmond
7. *Mother's Birthplace,*
8. *Full Name of Father,* James Lenia Smart
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return C. S. Parker M.D.

Address. 133 S. Bond St.

Remarks.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

11793

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 4th 1881
4. *Place of Birth, (Street and Number)* 268 S. Eutaw St
5. *Full Name of Mother* Annie Schultz
6. *Mother's Maiden Name* " " Groff
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Schultz
9. *Father's Occupation* Commission
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margt. A. Richmond

Address 185 Lee St

Remarks

47894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) German
3. Date of Birth June 5th 1881
4. Place of Birth (Street and Number) University Hospital
5. Full Name of Mother Cattrina Glogrooska
6. Mother's Maiden Name Cattrina Glogrooska
7. Mother's Birthplace Germany
8. Full Name of Father Not Know
9. Father's Occupation Not Know
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. F. West

Address University Hospital

Remarks Natural Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

47895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 10

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 5 of June
4. *Place of Birth, (Street and Number)* No 264 Central ave.
5. *Full Name of Mother* Caroline Minnich
6. *Mother's Maiden Name* Caroline Krieger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Krieger
9. *Father's Occupation* Salzer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina Lauer

Remarks 172 173 Harbor ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* 5th June 1881.
4. *Place of Birth* (Street and Number) 237 Orleans Sto
5. *Full Name of Mother* Sarah Kane
6. *Mother's Maiden Name* Sarah Burk.
7. *Mother's Birthplace* Md.
8. *Full Name of Father* ~~Thos Burke~~ Thomas Kane
9. *Father's Occupation* Boss Caulker
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 235 E. Balto. St.

Remarks

47897

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male ~~or female)~~*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 5, 1881.
4. *Place of Birth, (Street and Number)* Orlean St. No. 388.
5. *Full Name of Mother,* Francisca Roth
6. *Mother's Maiden Name,* Francisca Schreiber
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John H. Roth
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 5th 1881
4. *Place of Birth, (Street and Number)* 687 Saratoga St.
5. *Full Name of Mother,* Linda Gibson
6. *Mother's Maiden Name,* Linda Scott.
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* James Gibson
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. Charlotte Procter (midwife)

Address, 10 Carlton St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5/81
4. *Place of Birth, (Street and Number)* #149 S Broadway
5. *Full Name of Mother,* Sophie Scherck
6. *Mother's Maiden Name,* Mozaugton
7. *Mother's Birthplace,* Amerika
8. *Full Name of Father,* Joseph Scherck
9. *Father's Occupation,* ~~Saloon~~ Storekeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krafft

Address, 236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th June 1881
4. *Place of Birth, (Street and Number)*	95 S. Broadway
5. *Full Name of Mother,*	Laura Bell
6. *Mother's Maiden Name,*	Thomas
7. *Mother's Birthplace,*	Howard Co. Md.
8. *Full Name of Father,*	William Franklin Bell
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Byrns M.D.
Address,	375 E. Baltimore St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

47901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 5 1881
4. *Place of Birth, (Street and Number)* No 3 Kerbes Lane
5. *Full Name of Mother* Fenan Dailey
6. *Mother's Maiden Name* Fenan Carr
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William Dailey
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Meyer & Co

Address [illegible] Pennsylvania

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday June 5th 1881.
4. *Place of Birth, (Street and Number)*	570 Aisquith St
5. *Full Name of Mother,*	Rebecca ~~Baker~~ Baker
6. *Mother's Maiden Name,*	Rebecca Stevenson
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Frank Baker
9. *Father's Occupation,*	Drug Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	25½ Greenmount Ave
Remarks,	"Very Presentation"

47903

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1881
4. *Place of Birth, (Street and Number)* 2 Dewber Alley
5. *Full Name of Mother,* Martha J Hubner
6. *Mother's Maiden Name,* " " McNalley
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Jno Adam Hubner
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. W C Rogers M D

Address, W C Fayette & Calhoun Sts

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: John Carter Legg, Jr.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1881
4. *Place of Birth, (Street and Number)* 155 Edmondson Ave
5. *Full Name of Mother,* Belle A Legg
6. *Mother's Maiden Name,* " Cunningham
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John A Legg
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. W. Legg [illegible]

Address, [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 6th 1881

4. *Place of Birth, (Street and Number)* No 61 James alley

5. *Full Name of Mother,* Louise Dell

6. *Mother's Maiden Name,* Memit

7. *Mother's Birthplace,* America

8. *Full Name of Father,* William Dell

9. *Father's Occupation,* Stone cutter

10. *Father's Birthplace,* American

Name of Medical Attendant, or other Person who makes this Return J. Schwaaber midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT JUN 6 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11906

over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of Child – Joseph ~~Alphonse~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of June 1881
4. *Place of Birth, (Street and Number)* 559 East Fayette street
5. *Full Name of Mother,* Walburga ~~Bugel~~ Buckel
6. *Mother's Maiden Name,* Walburga ~~Dedendal~~ Dettenthaler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry ~~Dedendal~~ Dettenthaler
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1rst Child.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of June 1881.
4. *Place of Birth, (Street and Number)* 500 East Fayette street.
5. *Full Name of Mother,* Bell Abest
6. *Mother's Maiden Name,* Bell James
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick James
9. *Father's Occupation,* Sales maker
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunker

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

4.7908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1881 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	15
(state whether Male or Female)	Female
e or Color (if not of the white race)	White
e of Birth	6. June. 1881
ce of Birth (Street and Number)	193. Forrest. st.
Name of Mother	Mrs Margret. A. Conaway.
her's Maiden Name	— — — Kennady
her's Birthplace	Baltimore. City
Name of Father	Franklin. F. Conaway.
her's Occupation	Machinest
her's Birthplace	Port Pont.
ne of Medical Attendant, or other Person who makes this Return.	Mrs. M. Marten Doctores.
dress	195 Forrest. st.
narks	Healthy

RETURN OF A BIRTH, 11909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6th of June 1881
4. *Place of Birth, (Street and Number)* 94 South Ann St
5. *Full Name of Mother* Maria Barnes,
6. *Mother's Maiden Name* Flynn,
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John A. Barnes
9. *Father's Occupation* Bar keeper
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5 Frankeni St.

Remarks

RETURN OF A BIRTH

47910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* June 6th 1881

4. *Place of Birth,* (*Street and Number*) Maternite Hospital 16 N Lombard

5. *Full Name of Mother,* Kate Edwards

6. *Mother's Maiden Name,* Kate Thorn

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Edward Edwards

9. *Father's Occupation,* Sea Captain

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return G.D. Compton M.D.

Address, 16 N Lombard St

Remarks, Normal Labor

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex,* (state whether male or female)..	Girl
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	June 6th 1881
4. *Place of Birth,* (Street and Number)	#328 Eastern ave
5. *Full Name of Mother,*	M E J. Hoskins
6. *Mother's Maiden Name,*	Mary E Hunt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Hoskins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms.
Address,	#171 E. Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June the 6, 1881.

4. *Place of Birth, (Street and Number)* N. Spring St. No 17.

5. *Full Name of Mother,* Katharine Müller

6. *Mother's Maiden Name,* Katharine Werner

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Friedrich Müller

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Okarben, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Fallas St. No 26.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) African
3. *Date of Birth* June 6th: 1881
4. *Place of Birth* (Street and Number) 136 Tyson St.
5. *Full Name of Mother* Kate ~~Dorsey~~ Simpson
6. *Mother's Maiden Name* Diel
7. *Mother's Birthplace* St: Marys County Md.
8. *Full Name of Father* Alfred Simpson
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Montgomery Co. Md.

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson, M.D.

Address 41 Orchard St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11-7911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female ~~Male~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6th 1881.
4. *Place of Birth, (Street and Number)* 287 Mosher St.
5. *Full Name of Mother* Sarah Elizabeth Lantz
6. *Mother's Maiden Name* Miller.
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Lantz
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Louis M. Knight M. D.

Address 112 N. Greene

Remarks

RETURN OF A BIRTH

47915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex,* (state whether male or female) Bub
2. *Race or Color,* (if not of the white race) Weiß
3. *Date of Birth,* geboren 6ten June
4. *Place of Birth,* (Street and Number) № 213 Alisconder St.
5. *Full Name of Mother,* Franzica Leibtmann
6. *Mother's Maiden Name,* Franzica Pummel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Willam Leibtmann
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, № 197 S. Dallas St.

Remarks, Hemme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47716

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race) /
3. *Date of Birth* June 6th 1881
4. *Place of Birth* (Street and Number) No 227 E Fayette
5. *Full Name of Mother* Sarah E. Haywood
6. *Mother's Maiden Name* " " Hogg
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* William A Haywood
9. *Father's Occupation* Commis. Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address No 121 E Balto st

Remarks Confined on third day after the appearace of Measles

47917

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6th 1881
4. *Place of Birth, (Street and Number)* 354 Harford Ave.
5. *Full Name of Mother* Enrith E. Johns
6. *Mother's Maiden Name* Enrith E. Leach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard R. Johns
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina R. Degeist

Address #182 E. Monument St.

Remarks

... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

47918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 81
4. *Place of Birth, (Street and Number)* # 36 Wyeth St.
5. *Full Name of Mother,* Maggie ~~Walter~~ Walter
6. *Mother's Maiden Name,* " Bucker
7. *Mother's Birthplace,* Hessen Darmstat.
8. *Full Name of Father,* Henry Walter
9. *Father's Occupation,* Tobacco Worker
10. *Father's Birthplace,* Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return Mary Wood

Address, 528 S Eutaw St.

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4.7919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1881
BALT'MORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 6th 1881
4. *Place of Birth* (Street and Number) 104 Patterson ave
5. *Full Name of Mother* Clara E. Euglar
6. *Mother's Maiden Name* " " Shriner
7. *Mother's Birthplace* Carroll County Maryland
8. *Full Name of Father* Clayton H. Euglar
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M. D.

Address 47 Edmondson ave

Remarks

RETURN OF A BIRTH,

4792.0

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6th 1881
4. *Place of Birth, (Street and Number)* No 198 N Central Ave
5. *Full Name of Mother* Anna Lerchner
6. *Mother's Maiden Name* Anna Linnenkamper
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William F. Lerchner
9. *Father's Occupation* Leather Dresser
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Jane Hillcoat

Address 162 E Monument St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, ~~3d, &c.~~) Ninth (9)

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 6, 1881.
4. *Place of Birth,* (*Street and Number*) No. 40. South Mount street.
5. *Full Name of Mother,* Ottilia Josephina Jawson.
6. *Mother's Maiden Name,* Ottilia Josephina Fenstel.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father.* Charles William Jawson.
9. *Father's Occupation,* Organist and Teacher.
10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return Mrs Drumler

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 6th 1881
4. Place of Birth (Street and Number) 231 Franklin
5. Full Name of Mother Mary
6. Mother's Maiden Name
7. Mother's Birthplace England
8. Full Name of Father Wm J. Bowen
9. Father's Occupation Drummer Commercial
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Thos S Latimer

Address 187 W. Biddle

Remarks Chloroform administered without injury.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47923

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1881
4. *Place of Birth, (Street and Number)* No. 25 Bank St.
5. *Full Name of Mother,* Molly E. Connell
6. *Mother's Maiden Name,* Mr. Cree
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Timothy E. Connell
9. *Father's Occupation,* Balto. City
10. *Father's Birthplace,* Laborer

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 2444 Bank St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) 8 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 6 1881
4. *Place of Birth, (Street and Number)* S. Koestelstr. No 6
5. *Full Name of Mother,* Katharina Meßner
6. *Mother's Maiden Name,* Muller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wilhelm Meßner
9. *Father's Occupation,* Panter
10. *Father's Birthplace,* Stuttgart Ger.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Bambach

Address, S. Wolfstr. No 14

Remarks, Undrafe

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47924

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 June
4. *Place of Birth, (Street and Number)* 267 Mulberry st
5. *Full Name of Mother,* Louisa Rupp
6. *Mother's Maiden Name,* Louisa Heeken
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rupp
9. *Father's Occupation,* baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Katharine Mauch

Address, 1 Leadenhall st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

47926

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6th 1881
4. *Place of Birth, (Street and Number)*	28 Washington R.
5. *Full Name of Mother,*	Mary Magruder
6. *Mother's Maiden Name,*	" Duncan
7. *Mother's Birthplace,*	Elk R Landing
8. *Full Name of Father,*	Jno Magruder
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Jno D. [illegible] M.D.
Address,	Hos. J. Pacas
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

47927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 June 1881
4. *Place of Birth, (Street and Number)* Linden Av 4th
5. *Full Name of Mother,* M. A. Vogeler
6. *Mother's Maiden Name,* M A Winter
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* Chas A Vogeler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E W Mittenberger

Address, 121 W Monument 2

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

17928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2nd

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,*

4. *Place of Birth,* (*Street and Number*) 56½ York st

5. *Full Name of Mother,* Mary Maloney

6. *Mother's Maiden Name,* Mary ~~Baltimore~~ Fallon

7. *Mother's Birthplace,* Wexford Co. Ireland

8. *Full Name of Father,* James Maloney

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 146 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

17929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th
4. *Place of Birth, (Street and Number)*	537 Franklin St
5. *Full Name of Mother,*	Isabel G. Reinicker
6. *Mother's Maiden Name,*	Isabel Gavit
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward S. Reinicker
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	St Jennings
Address,	No. 2 Cathedral St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. DIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

47930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* June 7th 1881
4. *Place of Birth* (Street and Number) Baltimore Tedenhall st No 81
5. *Full Name of Mother* Margaretta Butler
6. *Mother's Maiden Name* Margaretta Dixon
7. *Mother's Birthplace* Calvert co Md
8. *Full Name of Father* A Butler
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Mongomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Francis Granby

Address

Remarks

RETURN OF A BIRTH

4931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four.
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th 1881
4. *Place of Birth, (Street and Number)*	No 137 S High Street.
5. *Full Name of Mother,*	Mary J. Medinger
6. *Mother's Maiden Name,*	Mary J. Carlos.
7. *Mother's Birthplace,*	Baltimore City. Md
8. *Full Name of Father,*	Frank Medinger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City. Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Eliza Hemmings
Address,	93 Albemarle St. (City)
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 17991

o the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.) 3d

tate whether male or female) female

or Color, (if not of the white race) white adv

f Birth June the 9th

of Birth, (Street and Number) Baltimore william st No 394

Name of Mother Ellen Donovan

r's Maiden Name Ellen Fahey

r's Birthplace island

Name of Father peter Donovan

r's Occupation Labour

r's Birthplace island

of Medical Attendant, or other Person who makes this Return. Elisabeth Flatheen

ss william st No 394

rks

RETURN OF A BIRTH 17933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Brown Complexion
3. *Date of Birth,* June 7th 1881
4. *Place of Birth,* (Street and Number) 104 Tyson Street
5. *Full Name of Mother,* Keziah Brown
6. *Mother's Maiden Name,* " Butler.
7. *Mother's Birthplace,* Baltimore Co,
8. *Full Name of Father,* William P. Brown
9. *Father's Occupation,* Whitewasher
10. *Father's Birthplace,* Baltimore Co,

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* 7 of June
4. *Place of Birth, (Street and Number)* Light St No 253
5. *Full Name of Mother,* Mary Schneider
6. *Mother's Maiden Name,* Mary Woord Ward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schneider Schneider
9. *Father's Occupation,* Cigar Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Greenhalen

Address, West St No 125

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 7th 1881

4. *Place of Birth, (Street and Number)* Baltimore Charles st. No 249

5. *Full Name of Mother,* Ida Bonnas

6. *Mother's Maiden Name,* Ida Walls

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Paul Bonnas

9. *Father's Occupation,* Rag dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ste. Shaffer

Address, 114 S. Ridgely stret

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male child
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* June the 7 1901
4. *Place of Birth (Street and Number)* No 1 Dodd St
5. *Full Name of Mother* Sarah R Sheridan
6. *Mother's Maiden Name* Sarah R Newman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George H Sheridan
9. *Father's Occupation* Ship Caulker
10. *Father's Birthplace* Towsontown

Name of Medical Attendant, or other Person who makes this Return. midwife Lucy Cornish

Address Jordon Alley No 13

Remarks

RETURN OF A BIRTH

17797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 June 1881
4. *Place of Birth, (Street and Number)* 289 Pratt St
5. *Full Name of Mother,* Annie Link Baringer
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Lon Link
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Illig

Address, 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 14 1931
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex,* (state whether male or female)	female
2. *Race or Color,* (if not of the white race)	white
3. *Date of Birth,*	June 7
4. *Place of Birth,* (Street and Number)	Baltimore, Lemmon av. N 648
5. *Full Name of Mother,*	Mary Beidleber
6. *Mother's Maiden Name,*	Litt
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Wenzeslaus Beidleber
9. *Father's Occupation,*	Tester
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Somerfield
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

47939

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 7th 1881
4. *Place of Birth, (Street and Number)* #243 E. Biddle St.
5. *Full Name of Mother* Crescensia Hempel
6. *Mother's Maiden Name* Crescensia Caiber
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John F. Hempel
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dina Hillegeist

Address #182 E. Monument St.

Remarks

[illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4794-6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th 1881
4. *Place of Birth, (Street and Number)*	8 S Hanover St
5. *Full Name of Mother,*	Annie F. Rhodes
6. *Mother's Maiden Name,*	Annie F. Bailey
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Oscar M. Rhodes
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 S Hanover
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1881
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 7th 1881
4. *Place of Birth, (Street and Number)* 677 W. Lafayette St.
5. *Full Name of Mother* Jane Ryan
6. *Mother's Maiden Name* Nichols
7. *Mother's Birthplace* Howard Co.
8. *Full Name of Father* James F. Ryan
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 304 Appleton Ave.

Remarks

Osler

17942

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

Name: Howard Wilbur Stearns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... White

1. *Sex, (state whether male or female)* ..... Male
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... June 7 1881
4. *Place of Birth, (Street and Number)* ..... 127 William St
5. *Full Name of Mother,* ..... Amanda Stearns
6. *Mother's Maiden Name,* ..... Amanda Hubbard
7. *Mother's Birthplace,* ..... City
8. *Full Name of Father,* ..... Warren Stearns
9. *Father's Occupation,* ..... Wood Dealer
10. *Father's Birthplace,* ..... City

Name of Medical Attendant, or other Person who makes this Return. ..... H. B. Noble M.D

Address, ... 52 Warren ave

Remarks, ...

.....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

479 4B

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 81
4. *Place of Birth, (Street and Number)* # 245 Conway St.
5. *Full Name of Mother,* Julia ~~Nickels~~ Nichols
6. *Mother's Maiden Name,* Lappe
7. *Mother's Birthplace,* Wurthessen
8. *Full Name of Father,* Ulrich Nichols
9. *Father's Occupation,* X Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Nichols

Address, # 328 S. Eutaw St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

47944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7/81
4. *Place of Birth, (Street and Number)* #20 Thames Str
5. *Full Name of Mother,* Sophie Hartmann
6. *Mother's Maiden Name,* Wachsmuth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Hartmann
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address. #236 Canton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1894 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White —
3. Date of Birth	June 7th 94
4. Place of Birth (Street and Number)	292 S. Broadway
5. Full Name of Mother	Rachael Rosenstein
6. Mother's Maiden Name	Rachael Block
7. Mother's Birthplace	City —
8. Full Name of Father	Louis Rosenstein
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A B Arnold M D
Address	
Remarks	

RETURN OF A BIRTH

47946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thiret

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 7/81
4. *Place of Birth, (Street and Number)* Baltimor No 84 Hanover St
5. *Full Name of Mother,* Carlin Kofsler
6. *Mother's Maiden Name,* Hoos
7. *Mother's Birthplace,* Zelle Prausen Germane
8. *Full Name of Father,* John Hoos
9. *Father's Occupation,* Mertcher
10. *Father's Birthplace,* Wasenberg Prausen Germane

Name of Medical Attendant, or other Person who makes this Return Mrs Domler

Address, No 60 Nort Schroder St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

11794

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPART... JUL 12 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 7th 1881
4. *Place of Birth (Street and Number)* No 236 Dallas st
5. *Full Name of Mother* Matilda Kraus
6. *Mother's Maiden Name* nee Lautenberger
7. *Mother's Birthplace* City
8. *Full Name of Father* William Kraus
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Reitz

Address 120 Bank st.

Remarks

47948

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1881
4. *Place of Birth, (Street and Number)* No. 259 S. Washington St.
5. *Full Name of Mother,* Bridget Kane
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bartley Kane
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 244 Bank St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47949

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Tuesday. June 7th
4. *Place of Birth, (Street and Number)* No 281 Cross. St. cor Leadenhall st.
5. *Full Name of Mother,* Mary. F. C. Gritzan
6. *Mother's Maiden Name,* " " " Hammel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Gritzan
9. *Father's Occupation,* Clothing Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mung

Address, 1 Leadenhall St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

17950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 8th 1881
4. *Place of Birth, (Street and Number)* 102 S. Bond street City
5. *Full Name of Mother,* Mrs Mary Eda Grahm
6. *Mother's Maiden Name,* Mary Eda Davis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christopher C. Grahm
9. *Father's Occupation,* Hack Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M E Hurley Midwife

Address, 45 N. Central Avenue

Remarks, Natural Labor.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

47951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 8th 1881
4. *Place of Birth* (Street and Number) 89 Preston St- Baltimore Md
5. *Full Name of Mother* Estelle Spurrier
6. *Mother's Maiden Name* Do Keller
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Harry Spurrier
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jas H. Gaskins MD

Address 221 Carollton Ave

Remarks Premature birth - died six hours after delivery

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* June 8 1881
4. *Place of Birth, (Street and Number)* 509 McElderry
5. *Full Name of Mother,* Maggie Lockin
6. *Mother's Maiden Name,* Maggie Hudgeson
7. *Mother's Birthplace,* Eastern Shore.
8. *Full Name of Father,* Charlie Lockins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eeastern Shore.

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 131 Register St

Remarks, No Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47953

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 11th 1881

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 8th 1881.
4. *Place of Birth, (Street and Number)* 194 Chappel Street
5. *Full Name of Mother,* Maggie Brandt
6. *Mother's Maiden Name,* Maggie Nitz.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* William Brandt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Wolfe Street.

Remarks, (N.)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

11795 11-

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8th June
4. *Place of Birth, (Street and Number)* 116 Sterling St
5. *Full Name of Mother* Louise Albert
6. *Mother's Maiden Name* Louise Ruhle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ernst Albert
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mary Walter

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether male or female)* a mail
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* june the 8th 1881
4. *Place of Birth (Street and Number)* 35 low street leo chatman
5. *Full Name of Mother* ~~jacob~~ chatman elizebeth
6. *Mother's Maiden Name* elizebeth carrol
7. *Mother's Birthplace* baltimore co
8. *Full Name of Father* jocob chatman
9. *Father's Occupation* hatpreser
10. *Father's Birthplace* baltimore md

Name of Medical Attendant, or other Person who makes this Return. sarah ann gibson

Address 66 davis street

Remarks .....

47956

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 June 1881
4. *Place of Birth, (Street and Number)* 72 Biddle St
5. *Full Name of Mother,* Ellen Burkheart
6. *Mother's Maiden Name,* — — Hebener
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Burkhart
9. *Father's Occupation,* Sigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Rose Ulbig

Remarks, 48 Holland St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47957

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 June
4. *Place of Birth, (Street and Number)* 10 S Gay
5. *Full Name of Mother,* Ana Rado
6. *Mother's Maiden Name,* Larober
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* John Rado
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4-7958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 8th 1881
4. *Place of Birth* (Street and Number) No 295 Mosher
5. *Full Name of Mother* Mrs Joseph OConner
6. *Mother's Maiden Name* Lizzie Gilbert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph OConner
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee M.D

Address Eutaw & Hoffman Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 18 1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Anglo Saxon
3. *Date of Birth* June 8th 1881
4. *Place of Birth* (Street and Number) Cor Camden & Howard
5. *Full Name of Mother* Anna Demarco
6. *Mother's Maiden Name* Anna Sitta
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Francis Demarco
9. *Father's Occupation* Confectionary Store
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Wm Hamilton Peary

Address

Remarks

47960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 8 1881
4. *Place of Birth (Street and Number)* 276 W. Fayette St.
5. *Full Name of Mother* Martha Weiller
6. *Mother's Maiden Name* Martha Stein
7. *Mother's Birthplace* City.
8. *Full Name of Father* Isaac Weiller
9. *Father's Occupation* Merchant
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. A K Anderson M D

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 47961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 8.
4. *Place of Birth, (Street and Number)* N.J Hull Locust Point Balto
5. *Full Name of Mother* Doratha Glashoff
6. *Mother's Maiden Name* Ampteden
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chr Glashoff
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Hessmar.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

47962

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male Wh
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1881
4. *Place of Birth, (Street and Number)* No. 311 Chapel st Balt
5. *Full Name of Mother,* Marie Hefele
6. *Mother's Maiden Name,* Marie Ricker
7. *Mother's Birthplace,* Hanover Germany
8. *Full Name of Father,* Conrad Hefele
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Beuern Germany

Name of Medical Attendant, or other Person who makes this Return. Magdalena Beuns

Address, Chester st One door N. of Federal st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

47963

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 8th 1881
4. *Place of Birth, (Street and Number)* No 39. Little Ye-elderg St
5. *Full Name of Mother* Sophia Schweinsberg
6. *Mother's Maiden Name* Sophia Krumholtz
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John S. Schweinsberg
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11796 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2 th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 8 June 1881
4. *Place of Birth,* (*Street and Number*) 42 Portland St
5. *Full Name of Mother,* Kate Leibermiller
6. *Mother's Maiden Name,* Kate Engelhaupt
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* John Leibermiller
9. *Father's Occupation,* Confectioner & Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dumler

Address, 60 Rhoder St

Remarks, no Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 47965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1901 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th June, 429 Lanvale St.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Annie Mutz
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John M. Mutz
9. *Father's Occupation,* R. R. Clerk
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings, M. D.

Address, 214 Madison Ave.

Remarks,

JOHN S. DYER, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Wednesday June 8th 1881

4. *Place of Birth, (Street and Number)* 139 N Calvert St

5. *Full Name of Mother,* Emily Canfield

6. *Mother's Maiden Name,* Emily Grove

7. *Mother's Birthplace,* Philadelphia Pa

8. *Full Name of Father,* Ardon Canfield Jr

9. *Father's Occupation,* Dealer in Scalure,

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, 25 1/2 Greenmount Ave

Remarks, "Very Presentation"

RETURN OF A BIRTH

47967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8th 81
4. *Place of Birth, (Street and Number)* 85 Edmondson Ave
5. *Full Name of Mother,* Fannie Williams
6. *Mother's Maiden Name,* Fannie Maynard
7. *Mother's Birthplace,* England
8. *Full Name of Father,* David E Williams
9. *Father's Occupation,* Shirt maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J Miller MD

Address, 89 Monument

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

47968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1901 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 8th June 1881

4. *Place of Birth, (Street and Number)* 759 Madison Ave

5. *Full Name of Mother,* Ella Abbott

6. *Mother's Maiden Name,* Ella Dickerson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas. D. Abbott

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Middendorf

Address, 1211 W. Lanvale St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

17969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1871
4. *Place of Birth, (Street and Number)*	Maternity Hospital 12 N Lloyd
5. *Full Name of Mother,*	Ella Lazarus
6. *Mother's Maiden Name,*	Ella Eliza Miller
7. *Mother's Birthplace,*	Dominica B.W.I.
8. *Full Name of Father,*	Wm Lazarus
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	L L Bitting M.D.
Address,	160 W Lanvale St
Remarks,	Normal Labor. City

"Advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1881
4. *Place of Birth, (Street and Number)* Maternité Hospital 161 W Lombard St
5. *Full Name of Mother,* Mary Moran
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Dont Know
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return G D Compton M.D.

Address, 161 W Lombard St

Remarks, Easy & Normal Labor. City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 9th 1881
4. *Place of Birth, (Street and Number)* 37 Stirk Street alley
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. 11 Burgundy alley

Address, Deborah Thornell

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1881
4. *Place of Birth, (Street and Number)*	No 27 Flemmers Alley
5. *Full Name of Mother,*	Mary Kelly
6. *Mother's Maiden Name,*	Mary McClain
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Patrick Kelly
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	93 Albemarle Street (City)
Remarks,	

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

17973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* June 9 1881
4. *Place of Birth, (Street and Number)* 17 S Register St
5. *Full Name of Mother,* Elizie Webb
6. *Mother's Maiden Name,* Elizie Cornish
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Webb
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Carline County

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 S Register

Remarks, No Remarks

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

179744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th:
4. *Place of Birth, (Street and Number)*	340 Argyle Ave
5. *Full Name of Mother,*	Annie C. Cary
6. *Mother's Maiden Name,*	Annie C. McGlannan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	A. P. Cary
9. *Father's Occupation,*	Prop. Olive Dairy
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address,	No. 2 Cathedral St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 41775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 June
4. *Place of Birth, (Street and Number)* 43 Mecklenburg Pl
5. *Full Name of Mother* Caroline Barton
6. *Mother's Maiden Name* Caroline Knepe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Barton
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo Miller

Address

Remarks

RETURN OF A BIRTH 17976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th, 1881
4. *Place of Birth, (Street and Number)*	204 South Charles St
5. *Full Name of Mother,*	Laura Evelen Johnston
6. *Mother's Maiden Name,*	Bartlett
7. *Mother's Birthplace,*	Easton, Md
8. *Full Name of Father,*	John M. Johnston
9. *Father's Occupation,*	Civil Engineer
10. *Father's Birthplace,*	Georgetown, D.C.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe, M.D.
Address,	323 Light St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

17977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1901 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 9th.
4. *Place of Birth (Street and Number)* 32 S. Broadway
5. *Full Name of Mother* Marion E. Johnson.
6. *Mother's Maiden Name* " Sonner.
7. *Mother's Birthplace* Md
8. *Full Name of Father* James Virginius Johnson.
9. *Father's Occupation* Marine Surveyer.
10. *Father's Birthplace* Virginia.

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan.

Address 119 W Monument St

Remarks

RETURN OF A BIRTH.

11978

HEALTH DEPARTMENT JUN 13 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* June 9th
4. *Place of Birth* (Street and Number) 9 Park ave.
5. *Full Name of Mother* Frances Elizabeth Harrington
6. *Mother's Maiden Name* " " Snell.
7. *Mother's Birthplace* Demerara.
8. *Full Name of Father* John Eberle Harrington
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address 119 W. Mulberry St

Remarks

RETURN OF A BIRTH

47979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th
4. *Place of Birth, (Street and Number)* Baltimore Elbow lane 53
5. *Full Name of Mother,* Charlotta Scheitz
6. *Mother's Maiden Name,* " Langerwetch
7. *Mother's Birthplace,* Stolnack St Anover
8. *Full Name of Father,* John Scheitz
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Beyrigth Bäyern

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47980

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 June
4. *Place of Birth, (Street and Number)* 123 N Front
5. *Full Name of Mother,* Lile Hana
6. *Mother's Maiden Name,* Frott
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James Hana
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 47981

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 9th of June 1881
4. *Place of Birth, (Street and Number)* 890 W. Pratt St.
5. *Full Name of Mother* Kathrem Bensler
6. *Mother's Maiden Name* K. Grinerh
7. *Mother's Birthplace* born in Braunau Germany
8. *Full Name of Father* Henry Bensler
9. *Father's Occupation* Whisky Dealer
10. *Father's Birthplace* born in Beynrode

Name of Medical Attendant, or other Person who makes this Return. Mr. Hiller

Address 1017 W. Pratt St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 9th of June
4. *Place of Birth,* (*Street and Number*) 19 Fountain St.
5. *Full Name of Mother,* Mary Fogle
6. *Mother's Maiden Name,* Mary Scott
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Frederick Fogle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Dorman

Address, 335 Eastern Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

47983

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A Birth 1 on the 7 of june

1. *Sex, (state whether male or female)* a female ~~mother's name is~~ sate verjinur Warprinsgorge
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* on the nint 9 of june
4. *Place of Birth, (Street and Number)* Welch aly No 2 Baltimore
5. *Full Name of Mother,* Sarah Hawkens
6. *Mother's Maiden Name,* Sarah Tamos
7. *Mother's Birthplace,* verjennug near prinsgorge
8. *Full Name of Father,* Wilaum Hawkens
9. *Father's Occupation,* he is achok in marke
10. *Father's Birthplace,* Calbert Co Md

Name of Medical Attendant, or other Person who makes this Return. Sarah A Pennington

Address, No 2 Jewsaly

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

47984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 9th of June
4. *Place of Birth (Street and Number)* 260 S. Howard st. Baltimore Md.
5. *Full Name of Mother* Quintina Credit
6. *Mother's Maiden Name* Quintina Chappell
7. *Mother's Birthplace* Mecklenburg Va.
8. *Full Name of Father* John E. Credit
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucy Uptsia

Address 150 S. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

47985

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of Juny 1881.
4. *Place of Birth, (Street and Number)* No 415 Estern Ave. Baltimore
5. *Full Name of Mother,* Cäthe Hidden.
6. *Mother's Maiden Name,* = Agnes
7. *Mother's Birthplace,* Norden (Germania)
8. *Full Name of Father,* R. H. Hidden.
9. *Father's Occupation,* Coaldealer.
10. *Father's Birthplace,* Norden (Germania)

Name of Medical Attendant, or other Person who makes this Return. G. Behnker Midwife

Address, 20 Gist Street.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1881
4. *Place of Birth, (Street and Number)*	368 West St.
5. *Full Name of Mother,*	Dora Niemand
6. *Mother's Maiden Name,*	" Kahn
7. *Mother's Birthplace,*	Rheinhessen
8. *Full Name of Father,*	John Niemand
9. *Father's Occupation,*	Grocery
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return	Mary Wroh
Address,	328 S Eutaw St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4798?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9 1881

4. Place of Birth, (Street and Number) #198 S. Ann St

5. Full Name of Mother, Mary Lindemann

6. Mother's Maiden Name, Hamann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lindemann

9. Father's Occupation, Musician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

47988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1881
4. *Place of Birth, (Street and Number)*	#212 Canton Ave
5. *Full Name of Mother,*	Eliza Wolfel
6. *Mother's Maiden Name,*	Grieding
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Wolfel
9. *Father's Occupation,*	Watchcase Manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Knapp
Address,	#226 Canton Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, 47989

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	9th June
4. *Place of Birth, (Street and Number)*	84 Hanburg st
5. *Full Name of Mother,*	Marie Bibins
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	James Addames
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Angeline Wilson
Address,	194 Marion st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1900 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 9th
4. *Place of Birth (Street and Number)* 405 Carey St., Baltimore, Md.
5. *Full Name of Mother* Nannie Lowman George
6. *Mother's Maiden Name* Nannie Lowman Tongue
7. *Mother's Birthplace* Calvert County, Maryland
8. *Full Name of Father* William Emory George
9. *Father's Occupation* Fuel & Flour Merchant
10. *Father's Birthplace* Baltimore County, Maryland

Name of Medical Attendant, or other Person who makes this Return. Professor H. F. Howard

Address 161 Madison Avenue

Remarks Natural Labor

47991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1891 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* June 24 1891
4. *Place of Birth (Street and Number)* 49 La Rue Alley
5. *Full Name of Mother* Mary Blackson
6. *Mother's Maiden Name* Mary Ross
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* Peter Blackson
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Wm Evans M.D.

Address No 157 Bank St

Remarks

RETURN OF A BIRTH

47992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second,
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th
4. *Place of Birth, (Street and Number)*	430 Penna. Ave
5. *Full Name of Mother,*	Mrs. Wm Brackew,
6. *Mother's Maiden Name,*	Mary Hiney
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm Brackew,
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	Wm Pickett M.D.
Address,	530 Penna. Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

11793.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

Name, William L. Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 7th 1881
4. *Place of Birth (Street and Number)*	17 Valentine St
5. *Full Name of Mother*	Ellen Somers Williams
6. *Mother's Maiden Name*	Wootten
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Edmund Jones Williams
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	E. J. Williams MD
Address	17 Valentine St
Remarks	B

RETURN OF A BIRTH 47994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	June 10 1901
4. *Place of Birth, (Street and Number)*	72 Davis St
5. *Full Name of Mother,*	Susan Brown
6. *Mother's Maiden Name,*	Susan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jos. H. Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	D. Sheets M.D.
Address,	143 N. Exeter St
Remarks,	L. O. L. A. Exeter — Labor normal — both doing well D. Sheets M.D.

RETURN OF A BIRTH.

4995

HEALTH DEPARTMENT JUN 13 1921 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* June 10th 1921
4. *Place of Birth* (Street and Number) 118 S. Central Ave.
5. *Full Name of Mother* Kate Sauer
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Balto, Md.
8. *Full Name of Father* John H. Sauer
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Avenue

Remarks

47996

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* 10 of June
4. *Place of Birth, (Street and Number)* Charles St No 355
5. *Full Name of Mother,* Mary Myer.
6. *Mother's Maiden Name,* Mary Blümer
7. *Mother's Birthplace,* Ostriche
8. *Full Name of Father,* John Myer
9. *Father's Occupation,* Calendar
10. *Father's Birthplace,* Ostriche

Name of Medical Attendant, or other Person who makes this Return. Mrs Greshaber

Address, West St No 128.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, #7997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
13
1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 10th
4. *Place of Birth, (Street and Number)* 92 North Spring Ave
5. *Full Name of Mother* Mary Askins
6. *Mother's Maiden Name* Mary Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Askins
9. *Father's Occupation* Labor Mark
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Watts

Address

Remarks

RETURN OF A BIRTH

11795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 12th 1881

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 7th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 10th 1881
4. *Place of Birth,* (*Street and Number*) No 271 Canton ave.
5. *Full Name of Mother,* Margaretha Wolterman
6. *Mother's Maiden Name,* Magaretha Link
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wolterman.
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs M. Arnold.

Address, No 137 S Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

17999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nutivity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	June 10. 1881.
4. Place of Birth (Street and Number)	360 W Saratoga St.
5. Full Name of Mother	Julia Vallely
6. Mother's Maiden Name	Julia Kerr
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Vallely,
9. Father's Occupation	Blacksmith.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Dr Morgan,
Address	119 W. Monument St.
Remarks	

RETURN OF A BIRTH

45000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 14 1931
BALTIMORE

"Any physician, accoucheur, midwife, or other person in charge, who shall neglect to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 June
4. *Place of Birth, (Street and Number)* 60 Eastern Av
5. *Full Name of Mother,* Sara Banks
6. *Mother's Maiden Name,* Pittinteson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Geo Banks
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Banks

Address, 72 Eastern Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

115101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 14 1931
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 10 June
4. *Place of Birth*, (*Street and Number*) 91 E Lombard
5. *Full Name of Mother*, Henriete Drosky
6. *Mother's Maiden Name*, Wirzel
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Henri Drosky
9. *Father's Occupation*, Schumacher
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Haspes

Address, 92 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 10-1881

4. Place of Birth (Street and Number) ——

5. Full Name of Mother Sarah White

6. Mother's Maiden Name " Jones

7. Mother's Birthplace Harford Co-

8. Full Name of Father Jno. White

9. Father's Occupation Unknown

10. Father's Birthplace Do-

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address 227 Carrollton Ave

Remarks Child Healthy -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 10 — 1881
4. *Place of Birth, (Street and Number)*	No 83 N Eutaw St
5. *Full Name of Mother,*	Ida L Jefferson
6. *Mother's Maiden Name,*	Ida L Burkert
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Lorenzo L Jefferson
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary E Atwell
Address,	296 N Fremont St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4-8004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1881
4. Place of Birth (Street and Number)	No 5 Hollins st
5. Full Name of Mother	Annie Todd
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	Maryland
8. Full Name of Father	George Todd
9 Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E Gover. Cox M D
Address	289 W Fayette st
Remarks	

RETURN OF A BIRTH

48005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 10th. 1881.
4. *Place of Birth, (Street and Number)*	23 N. Mount St.
5. *Full Name of Mother,*	Julia M. Whitson,
6. *Mother's Maiden Name,*	Julia M. Maunder,
7. *Mother's Birthplace,*	St. Louis Mis.
8. *Full Name of Father,*	Wm A. Whitson,
9. *Father's Occupation,*	Clerk,
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	John S. Pennington MD
Address,	134 N. Carrollton Ave
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

48006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10 of June 1881
4. *Place of Birth, (Street and Number)* 10 Harris St Baltimore Md
5. *Full Name of Mother,* Lizzie Oakley
6. *Mother's Maiden Name,* Blettinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Batson
9. *Father's Occupation,* Hard Curryer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary C. Jones

Address, No 3 Harris St Baltimore

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

48007

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* June 10 th

4. *Place of Birth, (Street and Number)* no 1 my alley

5. *Full Name of Mother,* catherine miles

6. *Mother's Maiden Name,* catheline smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* nelson miles

9. *Father's Occupation,* Salor md

10. *Father's Birthplace,* Summerset coun

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Botts. and dr Booze

Address,

Remarks, no 4 patapsco avenue delicate child

JOHN B. PIET, PRINTER & STATIONER, BALT.

48008

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1871 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* 10th June
4. *Place of Birth, (Street and Number)* 80 Winter st
5. *Full Name of Mother* George Anna Bitsie
6. *Mother's Maiden Name* " " Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Witsie
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address 194 Warner st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48009

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10/81
4. *Place of Birth, (Street and Number)* #554 E. Fayette Str
5. *Full Name of Mother,* Caroline Schwin
6. *Mother's Maiden Name,* " " Martins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Schwin
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address. 236 Canton Hill

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48010

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 10 1881
4. *Place of Birth, (Street and Number)* No 3 Boundryave
5. *Full Name of Mother* Mary Blondell
6. *Mother's Maiden Name* Mary Codd
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Blondell
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs L Mezenzehl

Address 645 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48011

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRAR DEPT. 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 12 1881
4. *Place of Birth, (Street and Number)* Redgester St 135
5. *Full Name of Mother* Margrett Phipper
6. *Mother's Maiden Name* Margrett Hoy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Phipper
9. *Father's Occupation* Caper and can Make
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Tubb

Address 101 Lancaster St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48012

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Wit
3. *Date of Birth,* 11 of Jun.
4. *Place of Birth, (Street and Number)* Grasses Alley, No 9.
5. *Full Name of Mother,* Lizzie Matzler
6. *Mother's Maiden Name,* Lizzie Vogeline
7. *Mother's Birthplace,* Hessen
8. *Full Name of Father,* Albert Matzler
9. *Father's Occupation,* Vannechar
10. *Father's Birthplace,* Hessen.

Name of Medical Attendant, or other Person who makes this Return. Mrs Greshaber

Address, No 128 West St

Remarks, Full Time The Child Lived 24 ouer and Died with Spasms. The necoman Hart Hare selph,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

18013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

hild of Mother (state whether 1st, 2d, 3d, &c.)	1st
ate whether Male or Female)	Female
r Color (if not of the white race)	White
f Birth	June ~~May~~ 11th 1881
of Birth (Street and Number)	18 Maryland Ave
ame of Mother	Ellen Kohler
s Maiden Name	Farrell
s Birthplace	Baltimore
ame of Father	Geo. M. Kohler
s Occupation	Hackdriver
s Birthplace	Baltimore
of Medical Attendant, or other Person who makes this Return.	J. E. Lindsay M D
s	159 Park Ave
ks	

RETURN OF A BIRTH,

1 8 0 1 1 1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 11th of June 1881
4. *Place of Birth, (Street and Number)* No 119 Da Lemmon Alley
5. *Full Name of Mother* Barbara Feuerhirt
6. *Mother's Maiden Name* Bat. Murbach
7. *Mother's Birthplace* Born in Ezeria Wurtenberg Germ
8. *Full Name of Father* August Feuerhirt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Heller

Address 1017 W Pratt St

Remarks

48015

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the seventh

1. *Sex, (state whether male or female)* it is a Female
2. *Race or Color, (if not of the white race)* white Child
3. *Date of Birth,* the 11 of June
4. *Place of Birth, (Street and Number)* No 30 Howe St.
5. *Full Name of Mother,* Barbary Dorn
6. *Mother's Maiden Name,* Barbary Litz
7. *Mother's Birthplace,* Sheasnot ally Baltimore
8. *Full Name of Father,* Peter Dorn
9. *Father's Occupation,* Ice Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Shleifer

Address, No 20 Columbea St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48016

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June, the 11, 1881
4. *Place of Birth, (Street and Number)* E. Pratt St. No. 150,
5. *Full Name of Mother,* Johanna E. Dordan
6. *Mother's Maiden Name,* Johanna E. Ortlip
7. *Mother's Birthplace,* Port de Passes St. Md
8. *Full Name of Father,* John Dordan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Son & Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 14. 1881.
4. *Place of Birth, (Street and Number)* N. Durham St. No. 121.
5. *Full Name of Mother,* Anna Ball.
6. *Mother's Maiden Name,* Anna Rudsenreider
7. *Mother's Birthplace,* Neupang, Nr. Baiern. Germany
8. *Full Name of Father,* Charles Ball.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No. 26.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

48018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 11th 1881
4. *Place of Birth, (Street and Number)* R. 70 Butlers alley
5. *Full Name of Mother,* Mary Bothe
6. *Mother's Maiden Name,* Detmar
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Louis Bothe
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

4-8019

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* June 11th 1881
4. *Place of Birth, (Street and Number)* Barney St
5. *Full Name of Mother* Sally Virginia Fogle
6. *Mother's Maiden Name* " " Willie
7. *Mother's Birthplace* State Maryland
8. *Full Name of Father* Sue Fogle
9. *Father's Occupation* Labor man
10. *Father's Birthplace* State Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Annie Evans

Address 634 Light St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th June 1881
4. *Place of Birth* (Street and Number) 13 N. Gilmor St.
5. *Full Name of Mother* Mary Bailey
6. *Mother's Maiden Name* Hall
7. *Mother's Birthplace* Frederick City Md.
8. *Full Name of Father* Enoch Wyatt Bailey
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. Jay M.D.

Address 75 Franklin St.

Remarks .....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 11th 81

4. *Place of Birth, (Street and Number)* Sharp St # 200

5. *Full Name of Mother,* Mary Schloman

6. *Mother's Maiden Name,* Middle Kemp

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Ernst Schloman

9. *Father's Occupation,* Varnisher

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mary Polk

Address, 328 S. Sutton St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11-8022.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 11th 1891
4. *Place of Birth (Street and Number)* Point Lane
5. *Full Name of Mother* Henrietta Spearl
6. *Mother's Maiden Name* " Ullrich
7. *Mother's Birthplace* City
8. *Full Name of Father* Henry Spearl
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, ~~or other Person who makes this Return.~~ E. B. Tenby

Address 319 N. Central ave

Remarks

RETURN OF A BIRTH

11802.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11/81

4. Place of Birth, (Street and Number) 1238 S. Bond Str.

5. Full Name of Mother, Mary Blurton

6. Mother's Maiden Name, " " McCarthan

7. Mother's Birthplace, America

8. Full Name of Father, Fred Blurton

9. Father's Occupation, Turner

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krafft

Address, 236 Caulton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1881
4. *Place of Birth, (Street and Number)* 78 Townsend Ave
5. *Full Name of Mother,* Laura R Manning
6. *Mother's Maiden Name,* L R Darley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J C Manning Jr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E W Maltby

Address, 121 W Monument Ave

Remarks,

"This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18095

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Aloff St
4. *Place of Birth, (Street and Number)* ~~Barbara Kallal~~ 12 Aloff
5. *Full Name of Mother,* " Svec Barbara Kallal
6. *Mother's Maiden Name,* " Svec.
7. *Mother's Birthplace,* Lukavec Bohemia
8. *Full Name of Father,* John Kallal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Lukavec Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address, 120 Barnes St.

Remarks,

JOHN P. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11802.6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12/1881
4. *Place of Birth, (Street and Number)* #28 Albemarle
5. *Full Name of Mother,* Annie Herzog
6. *Mother's Maiden Name,* Fuchs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Herzog
9. *Father's Occupation,* ~~Germany~~ Lobber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krapf

Address. 226 Caution Ave

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48027

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th of June 1881
4. *Place of Birth, (Street and Number)* No 166 Sarean St
5. *Full Name of Mother,* Marcella Ruppel
6. *Mother's Maiden Name,* Belz.
7. *Mother's Birthplace,* Schlichter.
8. *Full Name of Father,* Cho ~~Lm~~ Ruppel.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Kurhessan.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, No 45 S Monroe St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48028

RETURN OF A BIRTH,

HEALTH DEPARTMENT JUL 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 12th 1881
4. *Place of Birth, (Street and Number)* 465 W. Lombard St.
5. *Full Name of Mother* Mary Miller Rose
6. *Mother's Maiden Name* Lechlider
7. *Mother's Birthplace* Howard Co. Md
8. *Full Name of Father* Geo. Rose
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 204 Canvelton Ave.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48029

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 June
4. *Place of Birth, (Street and Number)* 24 Spring Row
5. *Full Name of Mother,* Augusta Lauben
6. *Mother's Maiden Name,* Christ
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Lauben
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 June
4. *Place of Birth, (Street and Number)* 280 Henriete
5. *Full Name of Mother,* Lizi Becker
6. *Mother's Maiden Name,* Kinick
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* August Baker
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carper

Address, 72 E Lombard

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

14031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12th of June
4. *Place of Birth, (Street and Number)* 577 Gay St
5. *Full Name of Mother* Magaretha Pfaff
6. *Mother's Maiden Name* " Saunderer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Pfaff
9. *Father's Occupation* Musician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Goetzke

Address

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48032

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 12 June
4. *Place of Birth, (Street and Number)* 149 Eastern Av —
5. *Full Name of Mother,* Marethe Wagemann
6. *Mother's Maiden Name,* Gestroben am Krämpfe
7. *Mother's Birthplace,* Do Baltimore
8. *Full Name of Father,* Meier Wagemann (Waterman)
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 197 S. Dallas Str

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 8033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

That any Physician, Accoucheur, Midwife, or other person in attendance, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* June 12 1881
4. *Place of Birth, (Street and Number)* 43 S Bethel
5. *Full Name of Mother,* Agnes Fraizer
6. *Mother's Maiden Name,* Agnes Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjiman Fraizer
9. *Father's Occupation,* Stevadore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks, No Remarks

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1180311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 12th 1881 9 AM

4. *Place of Birth, (Street and Number)* Maternité Hospital, 161 N Lombard

5. *Full Name of Mother,* Mary McFay

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore, Md

8. *Full Name of Father,* Unknown

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return L. L. Billing M.D.

Address.

Remarks, Illegitimate Resident Physician

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June Twelth
4. *Place of Birth (Street and Number)* Weber St No 16
5. *Full Name of Mother* Mary, Teresa, Freiburger
6. *Mother's Maiden Name* " " Thurion
7. *Mother's Birthplace* Relay House B.O.R.R.
8. *Full Name of Father* Edward Freiburger
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss Conway

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

118036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June the 12, 1881

4. *Place of Birth, (Street and Number)* E. Pratt St. No 76.

5. *Full Name of Mother,* Emma Klein

6. *Mother's Maiden Name,* Emma Martini

7. *Mother's Birthplace,* Dessau, Pr. St. Anhalt Dessau. Germany

8. *Full Name of Father,* Johann Klein

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Heinau, Pr Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 17 Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June, the 12, 1881
4. Place of Birth, (Street and Number) E. Madison St. 235,
5. Full Name of Mother, ~~Katharine H.~~ Koch
6. Mother's Maiden Name, Katharine H. Schreitz
7. Mother's Birthplace, Niederflorstadt. Gr. Hessen. Germany
8. Full Name of Father, Wilhelm H. Koch
9. Father's Occupation, Laborer
10. Father's Birthplace, Niederflorstadt Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 1 Dallas St. No 26.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 tes. K.

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiss
3. *Date of Birth,* geboren den 12 June
4. *Place of Birth, (Street and Number)* N° 149 Eastern Ave
5. *Full Name of Mother,* Magrethe Wagemann
6. *Mother's Maiden Name,* Magrethe Moran
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Meier Wagemann
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, N° 197 S. Dallas St.

Remarks, Hebamme

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 48039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June 15th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 12th
4. *Place of Birth, (Street and Number)* No 52 Cookise Street Locust Point
5. *Full Name of Mother* Mrs Mary Timlin
6. *Mother's Maiden Name* Mary Duffy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Anthony Timlin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs [illegible]

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4804-0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12/81
4. Place of Birth (Street and Number)	7 E. Monument Str
5. Full Name of Mother	Kate Hientsch
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustav Hientsch
9. Father's Occupation	Cigar manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Abraham Aronsohn
Address	145 Aisquith Str
Remarks	Child born at the 8th month, apparently healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1891 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 12 1891
4. *Place of Birth, (Street and Number)* 85 Johnson st
5. *Full Name of Mother* Susie Shillinger
6. *Mother's Maiden Name* " " Dells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Shillinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

1180112

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 12 1881
4. *Place of Birth, (Street and Number)* 694 Light st
5. *Full Name of Mother* Julia Pearson
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Pearson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester co

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11 5011 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 12
4. *Place of Birth, (Street and Number)* 33 Hamburg Street
5. *Full Name of Mother* Susan Underwood
6. *Mother's Maiden Name* E Pepper
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* James Underwood
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Mrs Nash

Address

Remarks

RETURN OF A BIRTH

1 5 0 1 1 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 June 1881
4. *Place of Birth, (Street and Number)*	51 Augusta St
5. *Full Name of Mother,*	Mary Westerfield
6. *Mother's Maiden Name,*	Knietes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Westerfield
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	Madame Ulbig 48 Holland St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48046

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 12th, 1881.
4. *Place of Birth, (Street and Number)* Delphey House, Howard St.
5. *Full Name of Mother* Margaret E. Thrasher
6. *Mother's Maiden Name* Linton
7. *Mother's Birthplace* Westminster Md.
8. *Full Name of Father* William W. Thrasher
9. *Father's Occupation* Clothier
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48046

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1881
4. *Place of Birth, (Street and Number)* No 50 Wyeth st
5. *Full Name of Mother,* Mary A Mix
6. *Mother's Maiden Name,* Mary A Ramsauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo F Mix
9. *Father's Occupation,* Wire Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mung

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

48047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 12, 1881
4. *Place of Birth, (Street and Number)* E. Lombardstr No 381
5. *Full Name of Mother,* Maria Roth
6. *Mother's Maiden Name,* Leimbach
7. *Mother's Birthplace,* Bessern
8. *Full Name of Father,* Adam Roth
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sachsen Weimar

Name of Medical Attendant, or other Person who makes this Return Wm Joh. Reinbach

Address, S. Wolfstr No 14

Remarks, Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48048

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1881
4. *Place of Birth, (Street and Number)* 70 John St
5. *Full Name of Mother,* Lucy Ransom
6. *Mother's Maiden Name,* Lucy Glenn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A R H Ransom
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 1213 [illegible] St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4.8049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12: 1881
4. *Place of Birth (Street and Number)* 272 Argyle Ave
5. *Full Name of Mother* Ernestina Rowland
6. *Mother's Maiden Name* " Stevens
7. *Mother's Birthplace* Madisonville La
8. *Full Name of Father* William Rowland
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Cecil Co: Md

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH,

18050

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) third

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 13th 1881
4. *Place of Birth, (Street and Number)* 317 Lindenstr
5. *Full Name of Mother* Fannie Wood Rous
6. *Mother's Maiden Name* Fannie Anson Wood
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charles Rous
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. Wilson M.D.

Address 146 Park Ave

Remarks

48051

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 13th 1881
4. *Place of Birth, (Street and Number)* 26 Little Walsh St
5. *Full Name of Mother* Mary Jane Kaul
6. *Mother's Maiden Name* " " Carr
7. *Mother's Birthplace* Hanover Pa.
8. *Full Name of Father* August H.R. Kaul
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Mazanzoz Jr

Address 345 Penna Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1891 BALTIMORE

Name: Clarinda L. Seipp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June 15th 1891

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 13th 1891
4. *Place of Birth, (Street and Number)* Corner of Fort Ave and Townsend St
5. *Full Name of Mother* Lizzie Seipp
6. *Mother's Maiden Name* Lizzie Moore
7. *Mother's Birthplace* Bedford PA
8. *Full Name of Father* George M Seipp
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ethel

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 13th 1881
4. *Place of Birth, (Street and Number)*	338 S. Charles st
5. *Full Name of Mother,*	Bertha Stern
6. *Mother's Maiden Name,*	Stern
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Stern
9. *Father's Occupation,*	Ladies & Mens clothing
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser Baltimore
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1180674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* 2nd Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* [redacted] June 1881
4. *Place of Birth, (Street and Number)* No 56 Stockholm Street
5. *Full Name of Mother,* Mariah A Wallace
6. *Mother's Maiden Name,* Mariah A Williams
7. *Mother's Birthplace,* Cecil County
8. *Full Name of Father,* Nathaniel Wallace
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Chester County

Name of Medical Attendant, or other Person who makes this Return. Sarah Holly

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48055

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 13th June
4. *Place of Birth, (Street and Number)* 119. West st
5. *Full Name of Mother,* Alverta Wots
6. *Mother's Maiden Name,* " Hawiton
7. *Mother's Birthplace,* Ketireland
8. *Full Name of Father,* Joe. Wotes
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* St. Moryes County

Name of Medical Attendant, or other Person who makes this Return Angelline Wilson

Address, 194 Warner st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June (13)th
4. *Place of Birth, (Street and Number)* 54 North Poppleton St
5. *Full Name of Mother,* Louisa Ludlow
6. *Mother's Maiden Name,* Louisa Leary
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Philip. H. Ludlow
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Harpers Ferry Va

Name of Medical Attendant, or other Person who makes this Return Mrs Dunbar

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4805 7

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 13 1881
4. *Place of Birth (Street and Number)* 108 Hillen St. Balto.
5. *Full Name of Mother* Angelina Pitman
6. *Mother's Maiden Name* Amelia Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George R Pitman
9. *Father's Occupation* Sea Faring
10. *Father's Birthplace* Bermuda W I

Name of Medical Attendant, or other Person who makes this Return. Catharine Bedford

Address 141 Orleans St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

48058

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 11 t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* Feby 13. 1881
4. *Place of Birth, (Street and Number)* E. Pratt str No 276
5. *Full Name of Mother,* Mary Schriefer
6. *Mother's Maiden Name,* Kessler "
7. *Mother's Birthplace,* Bevern
8. *Full Name of Father,* Michel Schriefer
9. *Father's Occupation,* Salonkeyer
10. *Father's Birthplace,* Bevern

Name of Medical Attendant, or other Person who makes this Return Mrs Joh Raubach

Address, S. Wolf str No 14

Remarks, Woodwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

48059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 14 — 1881

4. *Place of Birth, (Street and Number)* No 415 E. Eager St

5. *Full Name of Mother,* Isabella M. Barratt

6. *Mother's Maiden Name,* Isabella M. McDonald

7. *Mother's Birthplace,* New Orleans

8. *Full Name of Father,* James T. Barrett

9. *Father's Occupation,* Hat Finisher

10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 186 Mc Donough St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11-8060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 15th 1881.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1881.
4. *Place of Birth, (Street and Number)* 138 Bank St.
5. *Full Name of Mother,* Lizzie Reinhardt
6. *Mother's Maiden Name,* Lizzie Reinbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philipp Reinhardt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arnold

Address, 131 South Wolfe St.

Remarks, C. "

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

48061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Fourth.

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* June 4th 1881.
4. *Place of Birth, (Street and Number)* 69 S. Broadway.
5. *Full Name of Mother* Fannie Nusbaum.
6. *Mother's Maiden Name* Fannie Hirman.
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Myers A. Nusbaum.
9. *Father's Occupation* Clothier.
10. *Father's Birthplace* Prussia.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207 S. Broadway.

Remarks

Israelites.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th 1881

4. Place of Birth, (Street and Number) Maternity Hospital 161 W Lombard St

5. Full Name of Mother, Ella Howard

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Don't Know

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return L L Battig Res Phys

Address. Maternity Hospital 161 W Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48063

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1881
4. *Place of Birth, (Street and Number)* 205 S Fremont St
5. *Full Name of Mother,* Ida Franklin
6. *Mother's Maiden Name,* Ida Gray
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Benj. P. Franklin
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 146 Havoc

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child colored

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 June 1881
4. *Place of Birth (Street and Number)* Chestnut alley No 111
5. *Full Name of Mother* Cornelia anderson Gibson
6. *Mother's Maiden Name* Cornelia Gaen
7. *Mother's Birthplace* Snow Hill
8. *Full Name of Father* William Gaen
9. *Father's Occupation* porter at piano factor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs annie johnson

Address No 92 Lyson st

Remarks

48065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th June 1881
4. *Place of Birth (Street and Number)* 90 Mulberry St
5. *Full Name of Mother* Mina Means.
6. *Mother's Maiden Name* Nelson.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Means.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Jno. G. Jay MD.

Address 75 Franklin St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d.

1. *Sex,* (*state whether male or female*) female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* 14 June 1881

4. *Place of Birth,* (*Street and Number*) Columbia Av 212.

5. *Full Name of Mother,* Karoline Neidhardt

6. *Mother's Maiden Name,* Karolina Hess

7. *Mother's Birthplace,* Frankfort Germany

8. *Full Name of Father,* Wilhelm Neidhardt

9. *Father's Occupation,* Locksmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sommerfelt

Address, 38 Penn ave City

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48167

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th of June
4. *Place of Birth, (Street and Number)* W. Fayette Street. Nº 145.
5. *Full Name of Mother,* Mary Stoffel
6. *Mother's Maiden Name,* Mary Dreves
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Victor Stoffel
9. *Father's Occupation,* Professor of Music
10. *Father's Birthplace,* Alsace-Lorraine (Germany)

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sommerfeld

Address,

Remarks,

Baltimore, June 17th 1881

Victor Stoffel

JOHN B. PIET, PRINTER & STATIONER, BALT.

48068.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 20 1871 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 14th June
4. *Place of Birth, (Street and Number)* 284 Hardwards
5. *Full Name of Mother,* Agnes Morison
6. *Mother's Maiden Name,* " Roberson
7. *Mother's Birthplace,* Retire Land
8. *Full Name of Father,* Albert Morison
9. *Father's Occupation,* Steadder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address, 294 Warner St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48069

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 June 1881
4. *Place of Birth, (Street and Number)* Baltimore Washington st No 65
5. *Full Name of Mother,* M. Klerlein
6. *Mother's Maiden Name,* M.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Klerlein
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koptist

Address, 69 Washington st

Remarks,

Mary Koptist

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

118070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14th 1881
4. *Place of Birth (Street and Number)* 34 N. Bond St
5. *Full Name of Mother* Mary E. Buckley
6. *Mother's Maiden Name* Mary E. Burns
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John D Buckley
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. C. Dohme M.D.

Address 86 S. Fayette St

Remarks

RETURN OF A BIRTH

4-5071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1931 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th
4. *Place of Birth, (Street and Number)* Cross St. # 16
5. *Full Name of Mother,* Margaretha Wedekind
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wedekind
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* Northeasen

Name of Medical Attendant, or other Person who makes this Return Mary Wroh

Address, 328 S Eutaw St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 June
4. *Place of Birth, (Street and Number)* 127 S Carolina
5. *Full Name of Mother,* Cath. Schmidt
6. *Mother's Maiden Name,* Lederer
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Geo J Schmidt
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Caspar

Address, 72 E Lanvale

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

14073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex* (state whether Male or Female)	~~Male~~ Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 14th 1881
4. *Place of Birth* (Street and Number)	152 McHenry St.
5. *Full Name of Mother*	Annie March
6. *Mother's Maiden Name*	Annie Nereker
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Walter March
9. *Father's Occupation*	Huckster
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	DeLancey H Barclay M.D.
Address	47 Conway St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

118074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 1881
4. Place of Birth (Street and Number)	101 Chester
5. Full Name of Mother	Jane M.
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	Adam J. Kriet.
9. Father's Occupation	Packer (Fruit)
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Thos S Latimer
Address	187 W. Biddle St.
Remarks	Chloroform administered without injury

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 2
1881
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14th Day of June
4. *Place of Birth, (Street and Number)* No 2 Peach Alley Balt Md
5. *Full Name of Mother,* Elizabeth Hecker
6. *Mother's Maiden Name,* Elizabeth Bowning
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Hecker
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Münch

Address, Corner Leadenhall & Montgomery Sts

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11807/6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 6 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 June
4. *Place of Birth, (Street and Number)* 248 N Dallas
5. *Full Name of Mother,* Rozania Chauf
6. *Mother's Maiden Name,* " Buchali
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Sebastian Chauf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Joseline Konrad

Address, 20 Barnes St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

118077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 14 1881
4. *Place of Birth, (Street and Number)* 51 Cumberland St
5. *Full Name of Mother* Larry Wink
6. *Mother's Maiden Name* Carry Wafer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Wink
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm C Mesendel

Address 345 Penna ave

Remarks

48078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15 – 81
4. *Place of Birth, (Street and Number)* No 239 N Bond St
5. *Full Name of Mother,* Alice O. Whitaker
6. *Mother's Maiden Name,* Alice O. Hanson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Whitaker
9. *Father's Occupation,* Car Inspector
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonough st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of June 1881.
4. *Place of Birth, (Street and Number)* 69 North Chapel street.
5. *Full Name of Mother,* Issabela Schlitt
6. *Mother's Maiden Name,* Issabela Cook
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Cook.
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race ~~or Color (if not of the~~ white race)
3. Date of Birth June 15th 1881
4. Place of Birth (Street and Number) No 284 E. Madison
5. Full Name of Mother Rachel J Swearer
6. Mother's Maiden Name " " Givens
7. Mother's Birthplace Balto
8. Full Name of Father William Swearer
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Andre M D

Address No 121 E Balto St

Remarks This Child Born at 6 mo of Pregnancy I suppose caused by a disease after birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15 81
4. *Place of Birth, (Street and Number)*	Maternite Hospital 161 W Lombard
5. *Full Name of Mother,*	Annie Brown
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	L L Bitting Res Phys
Address,	
Remarks,	Illegitimate. Maternite Hospital

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11582

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1881
4. *Place of Birth, (Street and Number)* No 10 Heath st
5. *Full Name of Mother,* Elizabeth J Thomas
6. *Mother's Maiden Name,* Elizabeth J Durham
7. *Mother's Birthplace,* Balt City md
8. *Full Name of Father,* John R Thomas
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hairston

Address, No 666 South Charles st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Femal

2. *Race or Color, (if not of the white race)* Colard Race

3. *Date of Birth,* June 15 1881

4. *Place of Birth, (Street and Number)* 124 Durham St

5. *Full Name of Mother,* Lizzie Blackson

6. *Mother's Maiden Name,* Lizzie Church

7. *Mother's Birthplace,* Eastern Shore.

8. *Full Name of Father,* Steavadore John Blackson

9. *Father's Occupation,* Steavadore

10. *Father's Birthplace,* Mathues Viginia

Name of Medical Attendant, or other Person who makes this Return Lucinder Woolford

Address, 130 Register

Remarks, N Remarks

JOHN D. PIET, PRINTER & STATIONER, BALT.

480844

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 of June
4. *Place of Birth, (Street and Number)* No 3 Norris St Baltimore
5. *Full Name of Mother,* Sallie Green
6. *Mother's Maiden Name,* Eastern trapp talbert Co Md
7. *Mother's Birthplace,* Billie Morton
8. *Full Name of Father,* Drayman
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Mary C Jones

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, No 3 Norris Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

118086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th S

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1881
4. *Place of Birth (Street and Number)* N. E. Cor Bank & Exeter Sts
5. *Full Name of Mother* Mary A. Knight
6. *Mother's Maiden Name* Bradley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Robert Knight
9. *Father's Occupation* Produce Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Dieffenderfer M.D.

Address South High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15086

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15th June
4. *Place of Birth, (Street and Number)* 113 Eden St. South
5. *Full Name of Mother* Ester Fuller
6. *Mother's Maiden Name* " Cooney
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Fuller
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetze

Address 55 Bond St

Remarks

RETURN OF A BIRTH

48087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 1881
4. *Place of Birth, (Street and Number)* 380 Eastern Av
5. *Full Name of Mother,* Jimmie Nelson
6. *Mother's Maiden Name,* Jim Robbards
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ellis Nelson
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fury

Address, 193 Chester

Remarks,

Health

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11 5058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 Day of June
4. *Place of Birth (Street and Number)*	908 East Monument st
5. *Full Name of Mother*	Mary elizebth Harmann
6. *Mother's Maiden Name*	Mary elizebth Schwiers
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charley fredrich Harmann
9. *Father's Occupation*	Segar maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Glasgo
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

48089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th 1881
4. Place of Birth (Street and Number)	36 Greenmount Ave
5. Full Name of Mother	Ella V. Arnold
6. Mother's Maiden Name	" " Cullings
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter G. Arnold
9. Father's Occupation	Policeman
10. Father's Birthplace	Balto - Md
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter MD
Address	36 Greenmount Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	African
3. *Date of Birth*	June 15th 1881
4. *Place of Birth* (Street and Number)	138 Tyson St.
5. *Full Name of Mother*	Mary Watkins
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Joseph Dunzu
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. H. Thompson, M.D.
Address	41 Orchard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 15 1881
4. *Place of Birth (Street and Number)* No 33 walker St
5. *Full Name of Mother* H. Hatchett
6. *Mother's Maiden Name* H. Alexander
7. *Mother's Birthplace* Mecklenburg Co.
8. *Full Name of Father* James Hatchett
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Va. Luenburg Co

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address 424 walker St

Remarks

RETURN OF A BIRTH.

11809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th 1881
4. Place of Birth (Street and Number)	No 96 Carrollton Ave.
5. Full Name of Mother	Corinne Anderson
6. Mother's Maiden Name	Corinne Cannon.
7. Mother's Birthplace	Louisanna
8. Full Name of Father	Clifford C Anderson
9. Father's Occupation	Grain & Flour Merchant.
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Geo E Cyle M D
Address	229 S Carey st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48093

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the, 15, 1881.
4. *Place of Birth, (Street and Number)* Alice Ann St. No. 216,
5. *Full Name of Mother,* Virginia Heckmann
6. *Mother's Maiden Name,* Virginia Jerscheidt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Heinrich Heckmann
9. *Father's Occupation,* Ciggarren Manufacturer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 4 Dallas St. No. 26,

Remarks,

"This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 15th 1881
4. Place of Birth (Street and Number) 937 Lexington St
5. Full Name of Mother Mary M. Little
6. Mother's Maiden Name " " Scharf
7. Mother's Birthplace Baltimore City
8. Full Name of Father David Little
9. Father's Occupation Huckster
10. Father's Birthplace Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address 47 Edmondson ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

48095

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 June
4. *Place of Birth, (Street and Number)* 5 E Fayette
5. *Full Name of Mother,* Regina Lutz
6. *Mother's Maiden Name,* Stecker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Josef Lutz
9. *Father's Occupation,* Sittmacker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 2 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8th Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 15th 1881.
4. *Place of Birth,* (*Street and Number*) 690 W. Lombard St.
5. *Full Name of Mother,* Frances C. Nicholson.
6. *Mother's Maiden Name,* Carter.
7. *Mother's Birthplace,* White Hall, N. C.
8. *Full Name of Father,* Washington Nicholson.
9. *Father's Occupation,* Carver.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White, M.D.

Address, 79 N. Gilmor St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 2 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) M.
2. Race or Color (if not of the white race)
3. Date of Birth June 15th 1881
4. Place of Birth (Street and Number) N.W. Cor Hillen & Exeter Sts
5. Full Name of Mother Mary Emory
6. Mother's Maiden Name Mary Meegan
7. Mother's Birthplace Balto Md
8. Full Name of Father C. J. Emory
9. Father's Occupation Stockkeeper
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. C. Mellorfit M.D.

Address No 67 E Balto St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

115495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUN 1 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 16th
4. *Place of Birth, (Street and Number)* No 1 E Fayette st
5. *Full Name of Mother,* Regina Lang
6. *Mother's Maiden Name,* Regina Steger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Lang
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Graefen

Address, 12 E Lombard st

Remarks, Died of convulsions

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 15. 1881
4. Place of Birth (Street and Number) Watcoat St. near Patterson Av.
5. Full Name of Mother Mary E. Malonee
6. Mother's Maiden Name Mary E. Ambrose
7. Mother's Birthplace Balto. Co. Md.
8. Full Name of Father Ephrim Malonee
9. Father's Occupation (Milk man) Proprietor of Carlton farm Dairy
10. Father's Birthplace Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M. D.

Address 152 Townsend St.

Remarks Ninth time that I have attended this Lady in Confinement in 12 yrs.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 13th 1881
4. *Place of Birth, (Street and Number)*	Baltimore Boyd. St No 220
5. *Full Name of Mother*	Mary McCarren
6. *Mother's Maiden Name*	" Curren
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James. McCarren
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No 58 Pankin St.
Remarks	

RETURN OF A BIRTH

115101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15 June

4. *Place of Birth, (Street and Number)* 294 West Pratt st

5. *Full Name of Mother,* Lizzey Müller

6. *Mother's Maiden Name,* Lizzey Flaige

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* John Müller, Sr

9. *Father's Occupation,* Salmon Keeper

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, No 45 S Monroe St. B

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th & 12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15/01
4. *Place of Birth, (Street and Number)*	#114 Exeter St
5. *Full Name of Mother,*	Katie Grob
6. *Mother's Maiden Name,*	Reinrich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Grob
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	206 Canton Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48103

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15/81
4. *Place of Birth, (Street and Number)* #42 N. Frederick Str
5. *Full Name of Mother,* Henrietta Senft
6. *Mother's Maiden Name,* Haersh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Karl Senft
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address. #236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

118104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 15th 1881
4. *Place of Birth, (Street and Number)* No 183 Front St
5. *Full Name of Mother* Mary Burns
6. *Mother's Maiden Name* Mary Connaughton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Burns
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dana Hilliquist

Address 182 E Monument St

Remarks

11.8105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 15th 1881
4. Place of Birth (Street and Number) Monument St 3rd door East of Chester
5. Full Name of Mother Eliza Pitt Bunn
6. Mother's Maiden Name Pitt
7. Mother's Birthplace Howard Co. Md.
8. Full Name of Father John Bunn
9. Father's Occupation Laborer
10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton Mtr

Address 51 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

48106

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 June 188
4. *Place of Birth, (Street and Number)* Baltimore Fremont st N. " 14
5. *Full Name of Mother,* Barbara Cvrchek
6. *Mother's Maiden Name,* Bar. Polak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Shoemaker
9. *Father's Occupation,* J. Cvrshek
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 69 Washington st

Remarks,

Mary Kaptish

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48107

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* ..... Juny 15. 1881
4. *Place of Birth, (Street and Number)* ..... S. Durham st. No 74
5. *Full Name of Mother,* ..... Kristine Hermann
6. *Mother's Maiden Name,* ..... Fischer
7. *Mother's Birthplace,* ..... Prussia
8. *Full Name of Father,* ..... Wilhelm Herrmann
9. *Father's Occupation,* ..... Karpenter
10. *Father's Birthplace,* ..... Prussia

Name of Medical Attendant, or other Person who makes this Return ..... Wm Joh. Raubach

Address, ... S. Wolf st. No 14

Remarks, ... Undwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

118108

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)* " "
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* Juny 15. 1881
4. *Place of Birth, (Street and Number)* S. Durhamstr No 74
5. *Full Name of Mother,* Christine Wilshein
6. *Mother's Maiden Name,* Fischer
7. *Mother's Birthplace,* Schleswig Holstein
8. *Full Name of Father,* Hermann Wilshein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm Johann Raubach

Address, South Wolfstr No 14

Remarks, Midwife

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

48109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* 14
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15. 1881
4. *Place of Birth, (Street and Number)* N. Broadway No. 80
5. *Full Name of Mother,* Mary Felker
6. *Mother's Maiden Name,* Dem
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Johan Felker
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Bessen

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Rausbach

Address, S. Wolf str. No. 14

Remarks, Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 15/81

4. *Place of Birth, (Street and Number)* 209 Lamade St.

5. *Full Name of Mother,* Alice McElroy

6. *Mother's Maiden Name,* Alice Rulan

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Joseph McElroy

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 89 Greene St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1881
4. *Place of Birth, (Street and Number)* 84 Edmondson Av
5. *Full Name of Mother,* Mary A Stanford
6. *Mother's Maiden Name,* Mary A. Geis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos H Stanford
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E W Miltenberger

Address. 6 1/2 W Monument St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48112

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 June
4. *Place of Birth, (Street and Number)* 321 N Durham St
5. *Full Name of Mother,* Anna Chalon
6. *Mother's Maiden Name,* " " Márová
7. *Mother's Birthplace,* Hlumec Bohemia
8. *Full Name of Father,* Charles Chalon.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Milevska Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefina Honrád

Address, 20 Barnes St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 15th 1881
4. *Place of Birth, (Street and Number)*	200 Madison ave.
5. *Full Name of Mother*	Laura Va Adams
6. *Mother's Maiden Name*	Daiger
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Ro. M. Adams
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore sts.
Remarks	

115111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 5, 1881.
4. *Place of Birth (Street and Number)*	31 S. Gilmor st
5. *Full Name of Mother*	Ida Virginia Stonesifer
6. *Mother's Maiden Name*	Hay
7. *Mother's Birthplace*	Balt
8. *Full Name of Father*	Thomas W. Conner, Jr.
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	John Hood
Address	322 Hollins st.
Remarks	Twin little babe

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11516

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 16th 1881
4. *Place of Birth (Street and Number)*	876 E. Fairmount
5. *Full Name of Mother*	Mary A. Williamson
6. *Mother's Maiden Name*	Mary A. Wiedig
7. *Mother's Birthplace*	Carroll Co. Md.
8. *Full Name of Father*	Geo. W. Williamson
9. *Father's Occupation*	Dollar
10. *Father's Birthplace*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Milstead
Address	7 S. Broadway
Remarks	

48116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 6.16.81.
4. *Place of Birth (Street and Number)* 65 Orrie
5. *Full Name of Mother* Ellen Wigley
6. *Mother's Maiden Name* Kelley
7. *Mother's Birthplace* Allegheny Co. Md.
8. *Full Name of Father* Geo. Wigley
9. *Father's Occupation* Trimer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks Face Presentation 349 Level

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)...* Male
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* June 16 1881
4. *Place of Birth, (Street and Number)* 29 Bradford Alley
5. *Full Name of Mother,* Lilly Wing
6. *Mother's Maiden Name,* Lilly Jackson
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* John Wing
9. *Father's Occupation,* Sailer
10. *Father's Birthplace,* Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return, Lucinder Woolford

Address, 130 S Regester St

Remarks, No Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

14115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 20th 1881

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 16th 1881
4. *Place of Birth (Street and Number)* 105 Peach Alley
5. *Full Name of Mother* Amy Foster
6. *Mother's Maiden Name* " Reden
7. *Mother's Birthplace* Worcester Co Md
8. *Full Name of Father* [illegible] Foster
9. *Father's Occupation* Junk Dealer
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. mid wife mary E. Dorsey

Address 110 21 Peach Alley

Remarks

Extract from Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48119

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 21 1901
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th June 1881
4. *Place of Birth, (Street and Number)* N° 383 Light St
5. *Full Name of Mother,* Mary Manning
6. *Mother's Maiden Name,* Mary Whitmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Manning
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Baltimore Lying In

Address, N° 125 West St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

11512 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1921 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 16 21
4. *Place of Birth, (Street and Number)*	1st 273 William st
5. *Full Name of Mother,*	Margareth Doering
6. *Mother's Maiden Name,*	Binder
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Andrew Doering
9. *Father's Occupation,*	Germany
10. *Father's Birthplace,*	Laborer
Name of Medical Attendant, or other Person who makes this Return	J. Schwager midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday June 16th 1881
4. *Place of Birth, (Street and Number)* No 14 Calverton Road
5. *Full Name of Mother* Hannah Folkert
6. *Mother's Maiden Name* Hannah Laenhaas
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ferdanand Folkert
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Dell.

Address No 57 Bantalee St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...Vital Statistics in the City of Baltimore.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

48120

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Thursday June 16th 1881
4. Place of Birth, (Street and Number) No. 14 Calverton Road.
5. Full Name of Mother Hannah Folkert
6. Mother's Maiden Name Hannah Laenhaas
7. Mother's Birthplace Germany.
8. Full Name of Father Ferdanand Folkert
9. Father's Occupation Butcher
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No. 57 Bantaloe St.

Remarks

...of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advi... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six day... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

11825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* June 16 1881
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks, ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

48126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th, 1881
4. *Place of Birth, (Street and Number)* 53 N. Henry St,
5. *Full Name of Mother,* Elizabeth Peregoy,
6. *Mother's Maiden Name,* Chaus
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* John Peregoy,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. David H. Alderdice

Address, N.E. Cor. Columbia ave. & Fremont St.

Remarks, Child in good physical condition, & Circ.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48127

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 June
4. *Place of Birth, (Street and Number)* 296 Mag. Danlly St
5. *Full Name of Mother,* Maria Michel
6. *Mother's Maiden Name,* " " Elhart
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Michel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Josefine Konrad

Address, 20 Barnes St

Remarks,

Extract Registrar's Record of the Board of Health to accord a [illegible] correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 6. 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 16. 1881.
4. *Place of Birth (Street and Number)*	67 Jackson St.
5. *Full Name of Mother*	Georgianna Irving.
6. *Mother's Maiden Name*	Georgianna Manns.
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Henry G. Irving
9. *Father's Occupation*	Inspector of Customs.
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Nock M.D.
Address	75 E. Baltimore St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ter geborten

1. *Sex (state whether male or female)* Boi
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth* 16 Juni
4. *Place of Birth, (Street and Number)* Wolf Street No 120
5. *Full Name of Mother* Elisabetha Leimbach
6. *Mother's Maiden Name* " " Wagner
7. *Mother's Birthplace* Willmersbach Baieren
8. *Full Name of Father* August Leimbach
9. *Father's Occupation* Stiefitor
10. *Father's Birthplace* Oberweit Sachsen

Name of Medical Attendant, or other Person who makes this Return. Bond Street.

Address

Remarks Ino Maurer

48130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 16th 1881
4. *Place of Birth (Street and Number)* 172 S. Broadway
5. *Full Name of Mother* Mary E. Lawler
6. *Mother's Maiden Name* M. E. Lilly
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Andrew J. Lawler
9. *Father's Occupation* Millinery Store & Notions
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-14-56

48131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Bernard James Hanrahan

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~) ✓
2. Race or Color (if not of the white race) White ✓
3. Date of Birth 16th June 1881 –
4. Place of Birth (Street and Number) 440 W. Lanvale St.
5. Full Name of Mother Mary M. Hanrahan
6. Mother's Maiden Name " " Linewaver.
7. Mother's Birthplace Balto. City
8. Full Name of Father John B. Hanrahan
9. Father's Occupation Builder –
10. Father's Birthplace Balto. City –

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith M. D.

Address Harlem Av. and Caldwell St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 13 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 16 1880
4. *Place of Birth, (Street and Number)* Hesson St 220
5. *Full Name of Mother* Elisabeth Edward
6. *Mother's Maiden Name* Elisabeth Slucher Baltimore
7. *Mother's Birthplace* John Edward
8. *Full Name of Father*
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Fulb

Address 101 Lancaster St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

41833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)....* Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* June 16 81

4. *Place of Birth, (Street and Number)* Mullinkin N H

5. *Full Name of Mother,* Mary Hudson

6. *Mother's Maiden Name,* Mary Gilliard

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charlie Gilliard

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucinder Woolford

Address, 130 E. Register St

Remarks, No Remarks

JOHN D. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

41814

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th June, 1881
4. *Place of Birth, (Street and Number)* No 357 N. Durham St. between Eager & Chase
5. *Full Name of Mother,* Mary Buchman Peacock.
6. *Mother's Maiden Name,* Mary Buchman Waylan
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* William Peacock.
9. *Father's Occupation,* An Employee of Henry Bic. Fruit Dealer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt.

Address, No 185 S. E. cor Central av & Monument Street.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15135

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 17. 1881
4. *Place of Birth, (Street and Number)* 259 Hanover st
5. *Full Name of Mother* Augusta Desh
6. *Mother's Maiden Name* " " Davis
7. *Mother's Birthplace* North Thumberland Co Va
8. *Full Name of Father* Lewis Desh
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH.

11536

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether ~~male or~~ female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4 A.M. 17th June, 1881.
4. *Place of Birth (Street and Number)*	242 N. Eden St Baltimore, Maryland
5. *Full Name of Mother*	Amanda Ann Musick
6. *Mother's Maiden Name*	Amanda Ann Hazelip
7. *Mother's Birthplace*	Baltimore City, Maryland.
8. *Full Name of Father*	Reuben Wiley Musick
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore City, Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Wm. J. Webb M.D.
Address	236 N. Howard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colord Race
3. *Date of Birth,* June 17 188[illegible]
4. *Place of Birth,* (Street and Number) 111 N Spring
5. *Full Name of Mother,* Mary Dallard
6. *Mother's Maiden Name,* Mary Young
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* James Dillard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 139 N Register St

Remarks, No Remarks

JOHN B. PIET, PRINTER & STATIONER, BALT.

11513

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1901 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17
4. *Place of Birth, (Street and Number)* Rigley St No 14
5. *Full Name of Mother,* Mamie Rebecca Pivott
6. *Mother's Maiden Name,* Peddicord
7. *Mother's Birthplace,* Lizbon Howard Co
8. *Full Name of Father,* George Washington Pivott
9. *Father's Occupation,* employd by The Baltimore and ohio
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Schleufer

Address, No 20 Columbia ave

Remarks,

JOHN B. ELLIS, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48639

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* born on the 17th 1881
4. *Place of Birth, (Street and Number)* 70 Monroe St.
5. *Full Name of Mother* Kate Hoffman
6. *Mother's Maiden Name* K. Ulrich
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Charles F. Hoffman
9. *Father's Occupation* Tamkicko Washer
10. *Father's Birthplace* Mr. Hiller City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Mr. Hiller

Address 1017 W. Pratt St.

Remarks _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

115110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* born on the 19th of June 1894
4. *Place of Birth, (Street and Number)* No 3 Forest St
5. *Full Name of Mother* Kate Weber
6. *Mother's Maiden Name* E. Dennis
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Henry Weber
9. *Father's Occupation* Brewer
10. *Father's Birthplace* born in the City of Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs.

Address 1017 W. Pratt St

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th, 1891.
4. *Place of Birth, (Street and Number)* N. Bond St. No. 106.
5. *Full Name of Mother,* Martha C. Horn
6. *Mother's Maiden Name,* Martha C. Hampsillon
7. *Mother's Birthplace,* Philadelphia, Pa.
8. *Full Name of Father,* Johannes Horn
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No. 26.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 17 — 81

4. *Place of Birth, (Street and Number)* 1e 341 Gray st

5. *Full Name of Mother,* Elisabeth Nelasson

6. *Mother's Maiden Name,* Iversen

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Adolph Nelasson

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Lehmann midwife

Address, 330 Hanover st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ind.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1881
4. *Place of Birth, (Street and Number)* No 185 N. Mount St. Baltimore
5. *Full Name of Mother,* Rosina Johnson Norris
6. *Mother's Maiden Name,* " " Arnold
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Arthur Newton Norris
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Huntington Penn.

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wemble M.D.

Address, No 205 W. Lombard St.

Remarks, Baltimore Md.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

481444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 17th 1881

4. *Place of Birth, (Street and Number)* No 375 Hoffman St.

5. *Full Name of Mother,* Emma V. Stout

6. *Mother's Maiden Name,* Hughes

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Wm A. Stout

9. *Father's Occupation,* Bar Keeper on Steam Boats

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A L Spicer M.D.

Address, 387 W Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48145

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Weitt
3. *Date of Birth,* Juny 17/81
4. *Place of Birth, (Street and Number)* 858 W. Pratt St.
5. *Full Name of Mother,* Sabimir Gling
6. *Mother's Maiden Name,* Fensans Kling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* J. H. Ries
9. *Father's Occupation,* Kurhasenn
10. *Father's Birthplace,* Mauses

Name of Medical Attendant, or other Person who makes this Return Mrs Bunter

Address, 858 W. Pratt St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48146

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1901 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 17th
4. *Place of Birth, (Street and Number)* no 31 king st
5. *Full Name of Mother,* martha Johnson
6. *Mother's Maiden Name,* martha roberts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Josiah Johnson
9. *Father's Occupation,* dray man
10. *Father's Birthplace,* new Jersey

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter

Address, no 4 patapsco avenue

Remarks, healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

118147

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 4th

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 17th of June
4. *Place of Birth,* (*Street and Number*) 318 Eden St.
5. *Full Name of Mother,* Kate Grimes.
6. *Mother's Maiden Name,* McCarty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Grimes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Cressy

Address, 369 Cathedral St

Remarks,

RETURN OF A BIRTH

115145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* 17th June

4. *Place of Birth,* (*Street and Number*) 269 Howard St.

5. *Full Name of Mother,* Emma De Baer.

6. *Mother's Maiden Name,* Cohen.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Jacob De Baer.

9. *Father's Occupation,* Tailor.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 269 Cathedral St.

Remarks,

RETURN OF A BIRTH

11819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th June
4. *Place of Birth, (Street and Number)* 225 Cathedral St.
5. *Full Name of Mother,* Ann Small.
6. *Mother's Maiden Name,* " Fry
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John Small
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 369 Cathedral St

Remarks,

48150

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1881
4. *Place of Birth, (Street and Number)* Sharp St 340
5. *Full Name of Mother,* Maggie A Burns
6. *Mother's Maiden Name,* Maggie A Parks
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Thomas Burns
9. *Father's Occupation,* Ship carpenter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 1 Leadenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48151

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17th June
4. *Place of Birth, (Street and Number)* 298 Cross street
5. *Full Name of Mother,* Pauline Strube
6. *Mother's Maiden Name,* Pauline Reinhemer
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Henry Strube
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mung

Address, 1 Leadenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

41563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17/81
4. *Place of Birth, (Street and Number)* 290 Hoffman
5. *Full Name of Mother,* Anna R Todd
6. *Mother's Maiden Name,* Anna R. Place
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas C. Todd
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H Keller MD

Address, 57 Hoffman St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48153

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1881
4. *Place of Birth, (Street and Number)* 264 W Hoffman St
5. *Full Name of Mother,* Lillie Miller
6. *Mother's Maiden Name,* Lillie Cassard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm R Miller
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return C W Whittenberg

Address. 1121 W Monument St

Remarks, Premature 7 mos.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11513 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 June
4. *Place of Birth, (Street and Number)* 211 Chew St.
5. *Full Name of Mother,* Elizabeth Michel
6. *Mother's Maiden Name,* " Markel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Konrad Michel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Josefine Konrad

Address, 20 Barnes St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

41566

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 June 1881
4. *Place of Birth, (Street and Number)* 8 E Lambert St.
5. *Full Name of Mother,* Lizzie Doenges
6. *Mother's Maiden Name,* Urban
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick Doenges
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mary Stein

Address, 151 E Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

115161

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 June 1881
4. *Place of Birth, (Street and Number)* 276 N. Central Ave.
5. *Full Name of Mother,* G. Amalie Schmidt
6. *Mother's Maiden Name,* Brandt
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Adam Schmidt
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Flain

Address, 151 E Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mrs Henry Jackson

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Race Colourd
3. *Date of Birth,* Born on the 18th of June 1881
4. *Place of Birth, (Street and Number)* Hardens Court No 4
5. *Full Name of Mother,* Henry Jackson
6. *Mother's Maiden Name,* Henry Williams
7. *Mother's Birthplace,* Baltimore Cater
8. *Full Name of Father,* Jules Jackson
9. *Father's Occupation,* Labrow
10. *Father's Birthplace,* Essex Countey Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Miller white

Address, No 4 manns Court

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48158

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* Born 18th June
4. *Place of Birth, (Street and Number)* 94 Burgundy Al
5. *Full Name of Mother* Cerrebecca Clinton
6. *Mother's Maiden Name* " Crue
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Clinton
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Angelline Wilson

Address 194 Warner St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 18
4. *Place of Birth, (Street and Number)* 107 Johnson st
5. *Full Name of Mother* Anna Kirby
6. *Mother's Maiden Name* " " Nash
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Kirby
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash

Address

Remarks

48166

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of June 1881
4. *Place of Birth, (Street and Number)* No 351 Whilliam St
5. *Full Name of Mother,* Katte Held
6. *Mother's Maiden Name,* Katte Beck
7. *Mother's Birthplace,* Prausen
8. *Full Name of Father,* Whilliam Held
9. *Father's Occupation,* ~~Hoosen~~ Cabander
10. *Father's Birthplace,* Hessen

Name of Medical Attendant, or other Person who makes this Return. Sabina Trishleer

Address, No 125 West St 1881

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 of June 1851.
4. *Place of Birth, (Street and Number)*	312 Flat Street.
5. *Full Name of Mother,*	Mary Radman
6. *Mother's Maiden Name,*	Mary Lloert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Kuhn Lloert
9. *Father's Occupation,*	Polisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescintia Kunkel
Address,	71 North Chapel strat for Justina Kunkel
Remarks,	Healthy.

HEALTH DEPARTMENT JUL 27 1851 BALTIMORE.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48162

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* born on the 18th of June 1891
4. *Place of Birth, (Street and Number)* 403 W. Pratt St
5. *Full Name of Mother* Louise Schneider
6. *Mother's Maiden Name* L. Wagner
7. *Mother's Birthplace* born in Hessian Germany
8. *Full Name of Father* Ernst Schneider
9. *Father's Occupation* Shoe Shoe-Maker
10. *Father's Birthplace* born in Marburg Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. Miller

Address 1017 W. Pratt St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11816 3

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18. June
4. *Place of Birth, (Street and Number)* Chester Between Maddison Howard
5. *Full Name of Mother* Kate Gephart
6. *Mother's Maiden Name* Kate Rabine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christ Gephart
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Witter

48164

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 June
4. *Place of Birth, (Street and Number)* 77 N High
5. *Full Name of Mother,* Magi Werner
6. *Mother's Maiden Name,* Pleaser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gotlieb Werner
9. *Father's Occupation,* Schumacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

41565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 18th 1881
4. *Place of Birth, (Street and Number)* Baltimore Lemmon st No 26
5. *Full Name of Mother* Bridget Mealane
6. *Mother's Maiden Name* O'Callahan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Columbus Mealane
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 58 Parkin st.

Remarks

48166

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18-81
4. *Place of Birth, (Street and Number)* N.E. Cor Eager & Wolfe St
5. *Full Name of Mother,* Annie Brooks
6. *Mother's Maiden Name,* Annie Dowd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Shadrick Brooks
9. *Father's Occupation,* Cigar-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Adlmeb

Address, 226 McDonough St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48167

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* June 18/81
3. *Date of Birth,* 30 N. Calhoun St
4. *Place of Birth, (Street and Number)* Dollie Shipley
5. *Full Name of Mother,* " Elder
6. *Mother's Maiden Name,* Greens Town Balto Co Md
7. *Mother's Birthplace,* Wm Shipley
8. *Full Name of Father,* Black Smith
9. *Father's Occupation,* Howard Co Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H. L. Speicher

Address, 357 W. Lombard St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48168

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 18th 1881
4. *Place of Birth, (Street and Number)* No 1 West St
5. *Full Name of Mother* Mary Emrich
6. *Mother's Maiden Name* Mary Brown
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Lewis Emrich
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

48169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Childern
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	18 of June
4. *Place of Birth, (Street and Number)*	No. 954 S. Charles St
5. *Full Name of Mother,*	Kate Held
6. *Mother's Maiden Name,*	Kate Beck
7. *Mother's Birthplace,*	Preisen
8. *Full Name of Father,*	William Held
9. *Father's Occupation,*	Cabenter
10. *Father's Birthplace,*	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Miss Gresshaber West st No. 128
Address,	B. Hark West st No. 82 Undertaker
Remarks,	7 month Child lived 8 days Died 25th June
	Sankt Johannes Cemetry Died with Spassams,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48170

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eighth (8th)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18th 1881
4. *Place of Birth, (Street and Number)* No 100 Hanover Street
5. *Full Name of Mother,* Mary Dorothea Hobelmann
6. *Mother's Maiden Name,* Mormann
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Hermann H Hobelmann
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dunnler

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

118171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18th June
4. *Place of Birth* (Street and Number) 85 Augusta St
5. *Full Name of Mother* Sallie E Howes
6. *Mother's Maiden Name* " " Mac. Bee
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Howes
9. *Father's Occupation* Minister
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J D Grove

Address 137 Adams

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 June
4. *Place of Birth, (Street and Number)* Edward Street 43
5. *Full Name of Mother,* Emma Garrett
6. *Mother's Maiden Name,* Buckhannon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Garrett
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas J. Simms M.D. Office

Address, 291 Broadway

Remarks, Small & rather delicate.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48173

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 3 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of June
4. *Place of Birth, (Street and Number)* 15 McCellery St
5. *Full Name of Mother,* Maggie Smith
6. *Mother's Maiden Name,* Pensel
7. *Mother's Birthplace,* Phila.
8. *Full Name of Father,* Nick Smith
9. *Father's Occupation,* Distiler
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Rose Ulbig

Remarks, 48 Holland St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48174

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 June 1881
4. *Place of Birth, (Street and Number)* 59 Orleans St
5. *Full Name of Mother,* Mary Roseman
6. *Mother's Maiden Name,* — — Pilgrim
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Roseman
9. *Father's Occupation,* Shoro Lace maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Madame Wellbig

Remarks, 48 Holland

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18th 1881
4. *Place of Birth, (Street and Number)*	# 296 S Amity St
5. *Full Name of Mother,*	C. E. Wills
6. *Mother's Maiden Name,*	C E Boshammer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	C. A. Wills
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Quinn
Address,	# 191 S. Washington St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

48176

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18th June
4. *Place of Birth, (Street and Number)* 270 Sharp St.
5. *Full Name of Mother,* Caroline
6. *Mother's Maiden Name,* Plitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis, August Schultze
9. *Father's Occupation,* apothecary
10. *Father's Birthplace,* Osnabrück, Germany

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 1 Leadenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18th 81
4. *Place of Birth, (Street and Number)* 214 Franklin St.
5. *Full Name of Mother,* Cornelia Odendhal
6. *Mother's Maiden Name,* Cornelia Grant
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Lucien C. Odendhal
9. *Father's Occupation,* Music Teacher
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 87 N Greenell

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4.8178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 1881
4. *Place of Birth, (Street and Number)*	81 Stockton St.
5. *Full Name of Mother,*	Mrs. G. Luitwet
6. *Mother's Maiden Name,*	Katherine Lachmann
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Gottlieb Luitwet
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	A. Rickert M.D.
Address,	930 Penna Av.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48179

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18/81
4. *Place of Birth, (Street and Number)* 359 McHenry St
5. *Full Name of Mother,* Maggie Litchfield
6. *Mother's Maiden Name,* " Neary
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* John R Litchfield
9. *Father's Occupation,* Car Builder
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. W. G. Regesler Mr

Address, 17 Baltimore St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48180

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of June 1881
4. *Place of Birth, (Street and Number)* 17 Orleans St
5. *Full Name of Mother,* Franzes Hepler
6. *Mother's Maiden Name,* — — Bass
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Fred Hepler
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Bose Ellis

Remarks, 18 Holland St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45151

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of June 1881
4. *Place of Birth, (Street and Number)* 29 Washington St
5. *Full Name of Mother,* Mary Gayle
6. *Mother's Maiden Name,* — — Krous
7. *Mother's Birthplace,* Hessen
8. *Full Name of Father,* Ludwig Gayle
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hessen

Name of Medical Attendant, or other Person who makes this Return

Address, Madame Ulbig

Remarks, 48 Holland St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 3 81 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race ~~or Color~~ (~~if not of the~~ white race)*
3. *Date of Birth* June 19th 1881.
4. *Place of Birth (Street and Number)* No. 94 N Irvd st.
5. *Full Name of Mother* Alice E Sinclair,
6. *Mother's Maiden Name* " " Bonn.
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James Robert Sinclair,
9. *Father's Occupation* Clerk at Norfolk Wharff
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrd M D

Address No 121 E Balto st,

Remarks None

RETURN OF A BIRTH

11515

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19—81
4. *Place of Birth, (Street and Number)* No 280 Mc Donogh St
5. *Full Name of Mother,* Sarah E. Washburne
6. *Mother's Maiden Name,* Sarah E. Green
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* John T. Washburne
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allen

Address, 281 Mc Donogh st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11511

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1881
4. *Place of Birth, (Street and Number)* No 22 Patterson Avenue
5. *Full Name of Mother,* Mrs Evans
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Gordon
8. *Full Name of Father,* John Evans
9. *Father's Occupation,* Passenger Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmidt

Address, No 528 Penna Avenue

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

41513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillian Mussington 5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19/1
4. *Place of Birth, (Street and Number)*	#69 Bank Ste
5. *Full Name of Mother,*	Henrietta ~~Mussington~~ Mussington
6. *Mother's Maiden Name,*	~~Gibbe~~ Gillespie
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Richard ~~Mussington~~ Mussington
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Canton Ave
Remarks,	CERTIFICATE CORRECTED 4-23-53

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19th 1901
4. *Place of Birth, (Street and Number)* #351 S. Bond St
5. *Full Name of Mother,* Maggie Norton
6. *Mother's Maiden Name,* Schoebelein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Norton
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krafft

Address, #236 Canton Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48187

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* June 19 1881
4. *Place of Birth, (Street and Number)* 85 Durham St
5. *Full Name of Mother,* Carline Henson
6. *Mother's Maiden Name,* Carline Stepny
7. *Mother's Birthplace,* Anderrater County
8. *Full Name of Father,* Harris Henson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Anderrater County

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 N Regerter St

Remarks, N Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. FIET, PRINTER & STATIONER, CALT.

RETURN OF A BIRTH

11818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 19th 1881
4. *Place of Birth, (Street and Number)*	No. 59 Burke St.
5. *Full Name of Mother,*	Catharine Attman
6. *Mother's Maiden Name,*	Catharine Ebbighausen
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father.*	Henry Attman.
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett.
Address,	No. 65 Burke St,
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

11819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

7

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 19 1881
4. *Place of Birth (Street and Number)* Raboy st 239
5. *Full Name of Mother* Sophia queen
6. *Mother's Maiden Name* queen
7. *Mother's Birthplace* annplis
8. *Full Name of Father* isaac queen
9. *Father's Occupation* pastor
10. *Father's Birthplace* annoplis

Name of Medical Attendant, or other Person who makes this Return. Eliza Cormick

Address 1115 Saratoga st

Remarks the child is still alive

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

48190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 417 E Fayette
5. *Full Name of Mother,* Ellen Mc Mahon
6. *Mother's Maiden Name,* Kepler
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Mc Mahon
9. *Father's Occupation,* Powder Mills
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Carter

Address, 92 E Fayette St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second —

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) — —
3. Date of Birth June 19th 1881. —
4. Place of Birth (Street and Number) 58 Saratoga St —
5. Full Name of Mother Emily Jane May —
6. Mother's Maiden Name Hopkinson
7. Mother's Birthplace City
8. Full Name of Father Jas. Alfred May
9. Father's Occupation Canvasser
10. Father's Birthplace Elkton Cecil Co Maryland

Name of Medical Attendant, or other Person who makes this Return. W A B Sellman M D —

Address Cor Canolton Ave & Laurale St —

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48192

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* ~~Boy~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 19. June
4. *Place of Birth, (Street and Number)* 191 Eutaw St
5. *Full Name of Mother* Emma Mapp
6. *Mother's Maiden Name* Emma Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Mapp
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Germanney

Name of Medical Attendant, or other Person who makes this Return. —

Address —

Remarks Harry Walter

RETURN OF A BIRTH,

11893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* June 19th 81.
4. *Place of Birth, (Street and Number)* No 231 North Howard St.
5. *Full Name of Mother* Louisa Tavenner
6. *Mother's Maiden Name* Louisa Daicker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James L. Tavenner
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Jefferson County Va

Name of Medical Attendant, or other Person who makes this Return. A. F. Dulin M. D.

Address 83 West Monument St.

Remarks Woman suffering with facial Erysipelas at time of confinement.

RETURN OF A BIRTH.

14814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19. 1881.
4. Place of Birth (Street and Number)	383 Pa. Avenue,
5. Full Name of Mother	Ida G. Young,
6. Mother's Maiden Name	Buel
7. Mother's Birthplace	Balto City,
8. Full Name of Father	William H. Young,
9. Father's Occupation	Painter,
10. Father's Birthplace	Winchester, Va.
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M. D.
Address	217 Lawsale St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th January 1901
4. *Place of Birth, (Street and Number)* No. 644 Light St
5. *Full Name of Mother,* Annie Stine
6. *Mother's Maiden Name,* Annie Brenner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lucas Stine
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Anne Arundel, County

Name of Medical Attendant, or other Person who makes this Return. Sabina Friedman

Address, No 12 West St Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15196

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* ~~Female~~ male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 19 1881
4. *Place of Birth, (Street and Number)* 72 Lancaster Street
5. *Full Name of Mother* Josephine Jacobs
6. *Mother's Maiden Name* Josephine Lomax
7. *Mother's Birthplace* Sweden
8. *Full Name of Father* William Jacobs
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Turner M D

Address Collington Avenue

Remarks

48197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 19th 1881
4. *Place of Birth (Street and Number)* No 169 Gist St
5. *Full Name of Mother* Maggeretta Buettner
6. *Mother's Maiden Name* " Betz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrich Buettner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabetta Betz

Address 120 Banks St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

415198.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19th 1881
4. Place of Birth (Street and Number)	72 S Washington St
5. Full Name of Mother	Mary Boulden
6. Mother's Maiden Name	Steinman
7. Mother's Birthplace	Balto Md
8. Full Name of Father	William C Boulden
9 Father's Occupation	Machinist
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	L E Cooks MD
Address	241 E Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

48199

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 5 Gools lane
5. *Full Name of Mother,* Cora Schneider
6. *Mother's Maiden Name,* Cora Wagner
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* George Schneider
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Mauch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

118200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* June 19th 81
4. *Place of Birth,* (Street and Number) 143 Dolphin St.
5. *Full Name of Mother,* Catherine Gaffet
6. *Mother's Maiden Name,* Catherine Wilhelm
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John P. Gaffet
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. D. Miller MD

Address, 89 Monument

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

148201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether ~~1st, 2d, 3d, &c.~~*)

1. *Sex,* (*state whether male or ~~female~~*)
2. *Race or ~~Color~~,* (*if not of the white race*)
3. *Date of Birth,* June 17, 1881
4. *Place of Birth,* (*Street and Number*) 629 N. Gay St.
5. *Full Name of Mother,* Annie Schadewald
6. *Mother's Maiden Name,* " Zimmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Schadewald
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return L. H. White, M.D.

Address, 347 N. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fore Children

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 19
4. *Place of Birth (Street and Number)* Bethel St No 39
5. *Full Name of Mother* Susen ~~Susen Emmer J~~ Baily
6. *Mother's Maiden Name* Susen E B Johnson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Alonzo T Baily
9. *Father's Occupation* Cabel
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Wigens

Address No 106 Nort Regerster St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

45203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	June 19th 1881,
4. *Place of Birth, (Street and Number)*	215 George st.
5. *Full Name of Mother,*	Emma Jane Tonson,
6. *Mother's Maiden Name,*	Emma Jane Wills.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	John E Tonson.
9. *Father's Occupation,*	Plasterer.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John J Remington. M.D.
Address,	184 N Carrollton Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

48204

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 12 Barnes
5. *Full Name of Mother,* Pine Benik
6. *Mother's Maiden Name,* Buchalis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Eduard Benik
9. *Father's Occupation,* Segar-Macker
10. *Father's Birthplace,* North Forth Rich

Name of Medical Attendant, or other Person who makes this Return Josefine Konrad

Address, 20 Barnes Str

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48205

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 1 Abott St
5. *Full Name of Mother,* Josefina Lavička
6. *Mother's Maiden Name,* " " Sott.
7. *Mother's Birthplace,* Husi Bohemia
8. *Full Name of Father,* Anton Lavička
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hradesie Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefine Konrad

Address, 20 Barnes

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

48206

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 ten geburt.

1. *Sex (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 19 Juni
4. *Place of Birth, (Street and Number)* Kentenbergerstr. No. 263
5. *Full Name of Mother* Elisabetha Liekenstein
6. *Mother's Maiden Name* " " Hohner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Liekenstein
9. *Father's Occupation* Kanenmacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Bank Street.

Remarks Ms. Maurer

48207

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 19th 1881
4. *Place of Birth, (Street and Number)* # 39 E Ensor street
5. *Full Name of Mother* Catherine Maisch
6. *Mother's Maiden Name* Catherine Henrix
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Michael Maisch
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Hind Hillegust

Address 182 East Monument street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48208

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1881
4. *Place of Birth, (Street and Number)* Balto. Carolina st No 156
5. *Full Name of Mother,* M Potwrdil
6. *Mother's Maiden Name,* M Ichki
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Michael Ichki
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Max Koptist

Address, 69 Washington st

Remarks.

Max Koptist

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 48209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1881
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Virginia Lawrence
6. *Mother's Maiden Name,* Virginia Jordan
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* George W. Lawrence
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balt city, Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No. 666 S. Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20 1881
4. *Place of Birth, (Street and Number)*	cor Fayette & Frederick
5. *Full Name of Mother,*	Mary Condon
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Geo. H. H. Condon
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	D. Sheets M.D.
Address,	143 N. Exeter St
Remarks,	L.O.L.a — Chloroform — doing well

48977

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Female~~ White
3. *Date of Birth,* June 20th
4. *Place of Birth, (Street and Number)* 1 Albemarle st.
5. *Full Name of Mother,* Margaret May.
6. *Mother's Maiden Name,* Margaret Gesang.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George May.
9. *Father's Occupation,* Restaurant.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Casper.

Address, 72 East Lombard st.

Remarks, An eighth month child, died of weakness June 20th

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 91
4. *Place of Birth, (Street and Number)* # 248 S. Caton St.
5. *Full Name of Mother,* Emma Bornemann
6. *Mother's Maiden Name,* " Kretenbach.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Bornemann
9. *Father's Occupation,* Saxony. Gotha. Piano maker.
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mary Wolk

Address, 328 S. Sutton St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, [illegible] the date of birth, sex, and color of the child or children born, its or their physical condition, [illegible] born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH,

118213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

Name of Child R. Edgar Quarles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether male or female)* ~~Female~~ male
2. *Race or Color, (if not of the white race)* ~~White~~ White
3. *Date of Birth* 20. June
4. *Place of Birth, (Street and Number)* Easer St 80
5. *Full Name of Mother* ~~Larry~~ Clara Quarles
6. *Mother's Maiden Name* ~~Larry~~ Clara D Fenley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edwd S Quarles
9. *Father's Occupation* Machine Agen
10. *Father's Birthplace* Richman Va Richmond, Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Marry Walter

48214

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 20 81
4. *Place of Birth, (Street and Number)* No 195 West St
5. *Full Name of Mother,* Elisabeth Holdgraefe
6. *Mother's Maiden Name,* Winkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Holdgraefe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48215

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 20 — 81
4. *Place of Birth, (Street and Number)* No. 160 Barney St
5. *Full Name of Mother,* Emma Lucas
6. *Mother's Maiden Name,* Fility
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Lucas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Schnaeser midwife

Address, 330 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48216

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 June
4. *Place of Birth, (Street and Number)* 1 Albermarle
5. *Full Name of Mother,* Magi May
6. *Mother's Maiden Name,* Pesann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg May
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the first Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* June 20
4. *Place of Birth (Street and Number)* Baltimore Hill st 118
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Jones
7. *Mother's Birthplace* Cavert c.o M D ~~[illegible]~~ Birthplace benedict
8. *Full Name of Father*
9. *Father's Occupation* ~~[illegible]~~ bace born / baby
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Cathearn Jones

Address No 2 Spring Garden Ave

Remarks ← +

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11821S

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 43 Johnson st
4. *Place of Birth, (Street and Number)* June 20. 1881
5. *Full Name of Mother* Elizabeth Knight
6. *Mother's Maiden Name* " " Gregory
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Knight
9. *Father's Occupation* Stove Jobber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs ann Nash

Address

Remarks

11-8219

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 20th 1881
4. *Place of Birth (Street and Number)* Baltimore Cross st
5. *Full Name of Mother* Mary Smothers
6. *Mother's Maiden Name* Mary Scribner
7. *Mother's Birthplace* Calvert Co Md
8. *Full Name of Father* Adric Smothers
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Frances Chambers

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48220

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23 1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth* the 20 of June
4. *Place of Birth, (Street and Number)* No 329 Dales St
5. *Full Name of Mother* Lise Buchhuiser
6. *Mother's Maiden Name* Lise Hubner
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Andru Hubner
9. *Father's Occupation* Bacher
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Cristina Sauer

Remarks 173 Harfer ene

1881

48221

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th
4. *Place of Birth, (Street and Number)* Clifton Baltim Co Md
5. *Full Name of Mother,* Sarah Ritter
6. *Mother's Maiden Name,* " Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Columbus Ritter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo W Homes M D.

Address, Cor Stricker & Fresstine

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

18222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1881
4. *Place of Birth, (Street and Number)* No 40 Mechlin Street
5. *Full Name of Mother,* Maggie Heyser
6. *Mother's Maiden Name,* " Deitsler
7. *Mother's Birthplace,* Bayern
8. *Full Name of Father,* Nicholas Heyser
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return. Wm E. Schmidt No 528 Penna Ave

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th 1881
4. *Place of Birth, (Street and Number)*	70 Albemarle Street.
5. *Full Name of Mother,*	Mary Dolan
6. *Mother's Maiden Name,*	Mary Connolly.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Michael Dolan
9. *Father's Occupation,*	Policeman.
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address,	95 Albemarle Street
Remarks,	(City)

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

48293

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1892 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 20th June
4. *Place of Birth, (Street and Number)* 119 Hamburg st
5. *Full Name of Mother,* Emila Rose
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Ken County
8. *Full Name of Father,* Edward Rose
9. *Father's Occupation,* Kitchlay
10. *Father's Birthplace,* Ken County

Name of Medical Attendant, or other Person who makes this Return Angeline Walton

Address, 194 Warner st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Born June 20 1881
4. *Place of Birth (Street and Number)* No 221 Vine Street
5. *Full Name of Mother* Anna Gale
6. *Mother's Maiden Name* Anna gale
7. *Mother's Birthplace* Chester town Estern Shore Md
8. *Full Name of Father* Henry gale
9. *Father's Occupation* farmer
10. *Father's Birthplace* Estern Shore Va

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 258 Raburg St

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

48226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) The 4th child

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) white

3. *Date of Birth,* 20th of June

4. *Place of Birth,* (*Street and Number*) 123 Madeira alley

5. *Full Name of Mother,* Ella Robinson

6. *Mother's Maiden Name,* Ella Blackford

7. *Mother's Birthplace,* New Brunswick New Jersey

8. *Full Name of Father,* James Walter Robinson

9. *Father's Occupation,* plumber and gas fitter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, 1112 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT JUN 22 1900 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4.8227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colorde
3. Date of Birth 20 June 1881
4. Place of Birth (Street and Number) Union Strat 27
5. Full Name of Mother Adela payne
6. Mother's Maiden Name Adla Adams
7. Mother's Birthplace Baltimore county
8. Full Name of Father James payne
9. Father's Occupation Labor
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Louis Hedson

Address 27 union Strat

Remarks Sick from the birth

not able to write any sooner

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th) fifth

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20 1881
4. *Place of Birth (Street and Number)* 593 Penn Ave
5. *Full Name of Mother* Clara Bell Bowen
6. *Mother's Maiden Name* " " McDonald
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* William Henry Bowen
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Hummer

Address 231 N. Fremont St

Remarks Baltimore Md

RETURN OF A BIRTH.

18229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 20th 1881
4. *Place of Birth (Street and Number)* 383 S. Caroline st
5. *Full Name of Mother* ~~Father~~ Elizabeth King
6. *Mother's Maiden Name* " Eberman
7. *Mother's Birthplace* City
8. *Full Name of Father* George King
9. *Father's Occupation* Cooper
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

118230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20th 1881
4. *Place of Birth, (Street and Number)* 104 High st
5. *Full Name of Mother,* Pauline Gardner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Abram Gardner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Rauenstein

Address, 113 E. Lombard st.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48231

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of June
4. *Place of Birth, (Street and Number)* 366 south Sharp Street
5. *Full Name of Mother,* Emma Rausch
6. *Mother's Maiden Name,* Emma Duden
7. *Mother's Birthplace,* E Germany
8. *Full Name of Father,* Frederick Rausch
9. *Father's Occupation,* Piano-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Katharina Munz

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48232

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6 M° 20" 1881
4. *Place of Birth, (Street and Number)* 180 St Pauls St.
5. *Full Name of Mother* Virginia Cole.
6. *Mother's Maiden Name* Virginia Brown.
7. *Mother's Birthplace* New York.
8. *Full Name of Father* George B. Cole.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Riley M. D.

Address 306 Madison Avenue.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* June 2d, 1881
4. *Place of Birth, (Street and Number)* No 41 So. Henry St,
5. *Full Name of Mother,* Ellen Bauer
6. *Mother's Maiden Name,* Spencer
7. *Mother's Birthplace,* Frederick Co, Maryland
8. *Full Name of Father,* Charles Bauer
9. *Father's Occupation,* Despatcher, B. & O. R.R.
10. *Father's Birthplace,* Frederick Co, Maryland,

Name of Medical Attendant, or other Person who makes this Return. Daniel L. Alderdice

Address, N. E. Cor. Columbia ave. & Fremont St,

Remarks, Child in good physical condition & living.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

452311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 June
4. *Place of Birth, (Street and Number)* " 1 Dunham
5. *Full Name of Mother,* Marie Kaspar
6. *Mother's Maiden Name,* " Kaspar
7. *Mother's Birthplace,* Prussia Bohemia
8. *Full Name of Father,* John Kaspar
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Prussia Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefine Konrad

Address, 120 Barnum St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1923 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 29th 1898
4. *Place of Birth (Street and Number)* 37 Hanover St
5. *Full Name of Mother* Matilda Quinn Johnson
6. *Mother's Maiden Name* Matilda Quinn
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph H. Johnson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. E. K. Kelly M.D.

Address 110 E. Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21 - 1881

4. *Place of Birth, (Street and Number)* 16 E. Lombard St (Maternité)

5. *Full Name of Mother,* Maggie Walters

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Unknown

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return L. L. Billing M. D

Address. Maternité Hospital

Remarks, - Illegitimate - White 19 yrs old -

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1887 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d & 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21st 87

4. *Place of Birth, (Street and Number)* Columbia av. near Fremont

5. *Full Name of Mother,* Mary Schaefer

6. *Mother's Maiden Name,* " Weisman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred. Schaefer

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Work

Address, 328 S. Eutaw St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

18238

To the Office of Registrar of Vital Statistics, Board of ~~Health.~~

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether ~~male or~~ female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	5¼ 15m P.M. 21st June, 1881.
4. *Place of Birth (Street and Number)*	36 N. Liberty St, Balt. Md.
5. *Full Name of Mother*	Sarah Fitzgerald McMillan
6. *Mother's Maiden Name*	Sarah Fitzgerald Wall
7. *Mother's Birthplace*	Baltimore, Maryland.
8. *Full Name of Father*	William Edgar McMillan
9. *Father's Occupation*	Can Maker
10. *Father's Birthplace*	Baltimore, Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. S. Booth M.D.
Address	236 N. Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48239

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* 21. June
4. *Place of Birth, (Street and Number)* 138 Caroline St
5. *Full Name of Mother* Ely Moore
6. *Mother's Maiden Name* Ely Day
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter More
9. *Father's Occupation* Cabering Work
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Marry Walter

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48240

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1881
4. *Place of Birth, (Street and Number)* No. 725, Hanover Street
5. *Full Name of Mother,* Emmer Storm
6. *Mother's Maiden Name,* Emmer Travel
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Henry Storm
9. *Father's Occupation,* Fireman B. & O. R R
10. *Father's Birthplace,* Harpers Ferry Va.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address, No. 666 South Charles Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

482441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 21st 1881.
4. *Place of Birth,* (*Street and Number*) 19 N. Gilmor St.
5. *Full Name of Mother,* Margaret E. Dew.
6. *Mother's Maiden Name,* March.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Albert B. W. Dew.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White.

Address, 19 N. Gilmor St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1152112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 21
4. *Place of Birth, (Street and Number)* 169 Gaulds court
5. *Full Name of Mother* Mary Kimmel
6. *Mother's Maiden Name* Hines
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michel Kimmel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

RETURN OF A BIRTH

1182143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 21st 1881
4. *Place of Birth, (Street and Number)* No 34 South Chapel Street Baltimore md
5. *Full Name of Mother,* Sophia Jane Henson
6. *Mother's Maiden Name,* Sophia Jane Brown
7. *Mother's Birthplace,* Church creek dorcheater County md
8. *Full Name of Father,* Thomas Jackson Henson
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Saint michaels Talbot County md

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, No 47 north Amstrom Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1882111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH JUN 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 21 1881
4. *Place of Birth,* (*Street and Number*) No 919 Penna Avenue
5. *Full Name of Mother,* B. Arnold
6. *Mother's Maiden Name,* B. Hawkins
7. *Mother's Birthplace,* Bayer
8. *Full Name of Father,* John Arnold
9. *Father's Occupation,* Wheelright
10. *Father's Birthplace,* Bayr

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmitt No 923 Penna Ave

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48245

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* No 321 Hartford Ave
5. *Full Name of Mother,* Mary Schneider
6. *Mother's Maiden Name,* Eismer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Schneider
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 76 Granby St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1182116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex,* (state whether male or female) Girl
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 21st of June 1881.
4. *Place of Birth,* (Street and Number) No 7 Philadelphia Road (Philadelphia Road)
5. *Full Name of Mother,* Essabella Miller
6. *Mother's Maiden Name,* Essabella Zugheimer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Zugheimer
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel street for Justina Kunkel

Remarks, Illegit.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48247

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard Race
3. *Date of Birth,* June 21 1881
4. *Place of Birth, (Street and Number)* 258 Mcdonough St
5. *Full Name of Mother,* Ida brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 N. Register St

Remarks, N Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. FIST, PRINTER & STATIONER, BALT.

48248

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 21st 1881
4. *Place of Birth, (Street and Number)* No 113 Saratoga st
5. *Full Name of Mother* A Sader
6. *Mother's Maiden Name* A Krumholz
7. *Mother's Birthplace* Balto—
8. *Full Name of Father* James W Sadler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dena Hillquist

Address 182 E Monument st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

482.49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21st 1881
4. *Place of Birth, (Street and Number)* 95 Parkin St
5. *Full Name of Mother,* Elmire Rickard
6. *Mother's Maiden Name,* " Chalk
7. *Mother's Birthplace,* Laurel P. George Co Mst
8. *Full Name of Father,* Jno Wm Rickard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Howard Co Mst

Name of Medical Attendant, or other Person who makes this Return.

Address, [illegible] Mst

Remarks, 387 N. Lombard St

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48250

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21 - 81
4. *Place of Birth, (Street and Number)* N.E. Cor John & Aisquith St
5. *Full Name of Mother,* Rosalee J. Ruggels
6. *Mother's Maiden Name,* Rosall J. Coppersmith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. H. Ruggles
9. *Father's Occupation,* Horse Trader
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return Mary A. Allwell

Address, 286 McDonogh st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of June
4. *Place of Birth, (Street and Number)* 227 Bond St
5. *Full Name of Mother,* Mary Lou Drexsler
6. *Mother's Maiden Name,* — — Whine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Drexsler
9. *Father's Occupation,* Sink Cleaner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Rose Uthig

Address, Baltimore Md Midwife

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 21st 1881
4. *Place of Birth, (Street and Number)* South Eden st.
5. *Full Name of Mother,* Sina Stockmann
6. *Mother's Maiden Name,* Shaw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Stockmann
9. *Father's Occupation,* —
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 1136 Lombard st.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 5-28-50

48253

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE

Christina Prettenelta Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 350 Canton Ave
4. *Place of Birth, (Street and Number)* June 21st 1881
5. *Full Name of Mother,* H. C. J. Wilson
6. *Mother's Maiden Name,* H. C. Jonhason
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary E Simmons

Address, #171 E. Washington St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48254

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 29 W Balt
5. *Full Name of Mother,* Alle Eventson
6. *Mother's Maiden Name,* Hoffman
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Christ Eventson
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 118255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1921 BALTIMORE

"That any physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 60 Gough
5. *Full Name of Mother,* Ann Masc
6. *Mother's Maiden Name,* Bebin
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Ritchet Masc
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Leaster

Address, 72 E Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-10-55 48256

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

Edward Edwin Macauley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1881
4. *Place of Birth, (Street and Number)* No 10 East Balt. St
5. *Full Name of Mother,* Maggie Macauley
6. *Mother's Maiden Name,* Bartell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles E. Macauley
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, No 29 N Frederick St Baltimore Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11825 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	21 June 1891
4. *Place of Birth (Street and Number)*	Druid Hill Avenue 112
5. *Full Name of Mother*	Anna Ramsel
6. *Mother's Maiden Name*	Anna Schneider
7. *Mother's Birthplace*	Worms
8. *Full Name of Father*	Leopold Ramsel
9. *Father's Occupation*	Saloonkeeper
10. *Father's Birthplace*	Minden Prussia
Name of Medical Attendant, or other Person who makes this Return.	Dr Reinhard
Address	224 West Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48258

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21. 1881
4. *Place of Birth, (Street and Number)*	* 496 N Fremont St.
5. *Full Name of Mother,*	Mrs. Jas. ~~Worley~~ Sullivan
6. *Mother's Maiden Name,*	Jane Worley.
7. *Mother's Birthplace,*	Pittsburgh Pa.
8. *Full Name of Father,*	James Sullivan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	W Rickert (M.D.)
Address,	520 Penna. Av.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21: 1881
4. *Place of Birth, (Street and Number)* 249 Park Ave
5. *Full Name of Mother,* Margaret Isabella Yingling
6. *Mother's Maiden Name,* " " Maize
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Howard J. Yingling
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Westminster

Name of Medical Attendant, or other Person who makes this Return D.E. Williams

Address, 201 Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten 3rd.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21st. 1881
4. *Place of Birth (Street and Number)* 89 N. Ann
5. *Full Name of Mother* Clementina Gasser
6. *Mother's Maiden Name* C. Bean
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wy. Gasser
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Dwinelle M.D.

Address 299 E Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1 8261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) One child

1. *Sex, (state whether male or female)...* Male
2. *Race or Color, (if not of the white race)* Colord Race
3. *Date of Birth,* June 21 1881
4. *Place of Birth, (Street and Number)* 151 Chapple St
5. *Full Name of Mother,* Rebecca Adkins
6. *Mother's Maiden Name,* Rebecca Lill
7. *Mother's Birthplace,* Carl County
8. *Full Name of Father,* George Adkins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia County

Name of Medical Attendant or other Person who makes this Return. Lucinder Woolford

Address, 139 E Register St

Remarks, No Remarks

JOHN B. PICT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1911 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of June
4. *Place of Birth, (Street and Number)* Baltimore 127 Fremont St
5. *Full Name of Mother,* Mary Haus
6. *Mother's Maiden Name,* Mary Hucht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Haus
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Lumber

Address, No. 127 Fremont St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

4826.3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 5 1881
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1881.
4. *Place of Birth, (Street and Number)* No. 48 Castle St.
5. *Full Name of Mother,* Kunigunde Collie
6. *Mother's Maiden Name,* Kunigunde Heinlein
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Frank Collie
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germ'y

Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Butt

Address, No 185 S. E. Cor Central av. & Monument St.

Remarks, All Well.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48264

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22d
4. *Place of Birth, (Street and Number)* 30 Eager
5. *Full Name of Mother,* Mary Rull
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other Person who makes this Return. G. W. Jones M.D.

Address, Cor. Stricker & Preston

Remarks,

Record of Vital Statistics ...

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

18265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* ~~197 Montgomery St~~ June 22nd 1881

4. *Place of Birth, (Street and Number)* 197 Montgomery St

5. *Full Name of Mother,* Emma Heavey

6. *Mother's Maiden Name,* Emma Craig

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Patrick Heavey

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 146 Hanover St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48266

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22-81
4. *Place of Birth, (Street and Number)* No 286 N. Durham St
5. *Full Name of Mother,* Ida Ford
6. *Mother's Maiden Name,* Ida Baker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Ford
9. *Father's Occupation,* Car-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonough st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

45367

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	6 M. 22d 1881
4. *Place of Birth, (Street and Number)*	437 Madison Avenue.
5. *Full Name of Mother*	Mary Dixon
6. *Mother's Maiden Name*	Mary Cudsleys
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm J. Dixon
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W Riley M. D.
Address	306 Madison Avenue
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

11568

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 22nd 1881
4. *Place of Birth, (Street and Number)*	Cor Scott & Cross Sts
5. *Full Name of Mother*	Virginia Bishop
6. *Mother's Maiden Name*	" Lightsiser
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	John F. Bishop
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Margt. A. Richmond
Address	185 Lee. St.
Remarks	

48269

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22d 1881
4. *Place of Birth, (Street and Number)* N 1 Wine alley
5. *Full Name of Mother,* Alice Murray
6. *Mother's Maiden Name,* Alice Welsh
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Michael Murray
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Co Mayo Ireland

Name of Medical Attendant, or other Person who makes this Return. D H Chatard M D

Address, N 114 Park Ave.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 22 1881
4. *Place of Birth* (Street and Number) 543 Harford avenue
5. *Full Name of Mother* Mary Weisenberger
6. *Mother's Maiden Name* Mary Haas
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Weisenberger
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. A. Elwell, M D

Address 559 Harford avenue

Remarks

48271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22nd 1881
4. *Place of Birth (Street and Number)* 101 S. Register St.
5. *Full Name of Mother* Emelia Aguilar
6. *Mother's Maiden Name* " Birdenbaum
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Aguilar
9. *Father's Occupation* Horseman at Fruit Packing Establishment
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. E W Eilau Mrd

Address 101 Gough St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

148272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday June 22nd 1881
4. *Place of Birth, (Street and Number)*	Mount Royal Ave, one door from Fremont
5. *Full Name of Mother,*	Francis Annacott
6. *Mother's Maiden Name,*	Francis Leap
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	James M. Annacott
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton MD
Address,	257 Greenmount Ave
Remarks,	City Early Presentation.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11827 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 22 th 1881
4. *Place of Birth, (Street and Number)* # ~~Red~~ Blair road
5. *Full Name of Mother* Amelia ~~Mueller~~ Miller
6. *Mother's Maiden Name* Amelia Mutt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andrew Muller
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hellquist

Address 182 East Monument st.

Remarks

RETURN OF A BIRTH

482/74

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, w... advise at the birth of any child, within the City of Baltimore, shall report to th... within six days thereafter, stating distinctly the date of birth, sex, and color of the ... born, its or their physical condition, whether still-born or not, the full name, nativity, ... of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) One Child

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colored Race
3. *Date of Birth,* June 22 1881
4. *Place of Birth,* (Street and Number) 60 Millerman St
5. *Full Name of Mother,* Mary Lizzie Johnson
6. *Mother's Maiden Name,* Mary Lizzie Dinkins
7. *Mother's Birthplace,* Virginia County
8. *Full Name of Father,* Thomas Henry Dinkins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 130 S Register St

Remarks, N Remarks

JOHN B. PIET, PRINTER & STATIONER, BALT.

48275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Wite

3. Date of Birth ~~[illegible]~~ 6 of June

4. Place of Birth (Street and Number) 22 Horn St

5. Full Name of Mother Harriet Powell

6. Mother's Maiden Name Thompson

7. Mother's Birthplace St Mary Leo

8. Full Name of Father Madson Powell

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. L Lousia de overton

Address 340 North Washington St

Remarks not Heathly

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

48276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23rd 1881
4. *Place of Birth, (Street and Number)* No 702 Hanover st
5. *Full Name of Mother,* Annie Magruder
6. *Mother's Maiden Name,* Annie Watts
7. *Mother's Birthplace,* Abingdon Harford Co Md
8. *Full Name of Father,* Frederick Magruder
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Balt city Md

Name of Medical Attendant, or other Person who makes this Return. Eliza Gist Hinton

Address, No 666 South Charles St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48277

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)* wite
3. *Date of Birth,* 23 Jun
4. *Place of Birth, (Street and Number)* boston Stret 199
5. *Full Name of Mother,* Mary Stockman
6. *Mother's Maiden Name,* mary Kollack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Stockman
9. *Father's Occupation,* Ingener
10. *Father's Birthplace,* Philadelfer

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48278

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of june 1881
4. *Place of Birth, (Street and Number)* 57 Madeary Ave
5. *Full Name of Mother,* May Zimmerman
6. *Mother's Maiden Name,* " herps
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Zimmerman
9. *Father's Occupation,* Salora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 45279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female) Male

Race or Color, (if not of the white race) white race

Date of Birth June the 29

Place of Birth, (Street and Number) Baltimore Battery ave cor 2.31

Full Name of Mother Mary Thornton

Mother's Maiden Name Mary Mcdonnell

Mother's Birthplace richmon va

Full Name of Father Christopher Thornton

Father's Occupation Labour

Father's Birthplace maryland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address william st 3 yds

Remarks

48280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether male or*~~ *female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 23rd 1881.
4. *Place of Birth (Street and Number)* 69 Hollins St.
5. *Full Name of Mother* Louisa L. Taylor.
6. *Mother's Maiden Name* Louisa L. Tessier.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Eugene W. Taylor.
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Prince George Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroner M.D.

Address 273 W Lexington St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48281

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* June 23 d

4. *Place of Birth, (Street and Number)* 101 dover St

5. *Full Name of Mother,* Rosa Jones

6. *Mother's Maiden Name,* Rosa Jones

7. *Mother's Birthplace,* harpers ferry va

8. *Full Name of Father,* Fraisher Jones

9. *Father's Occupation,* laborer

10. *Father's Birthplace,* harpers ferry va

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia porter

Address, no 4 patapsco avenue

Remarks, healthy child

JOHN B. PIET, PRINTER & STATIONER, BALT.

48282

RETURN OF A BIRTH

NAME ADDED 4/26/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE

Name: HENRY AUGUST ROCK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex*, (state whether male or female) Boy
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 23rd 1881
4. *Place of Birth*, (Street and Number) 55 Holland St
5. *Full Name of Mother*, Rica Rock,
6. *Mother's Maiden Name*, Mumsley
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Charles Rock
9. *Father's Occupation*, Furniture
10. *Father's Birthplace*, Prussia

Name of Medical Attendant, or other Person who makes this Return Thos Rosa Ulbey

Address, 48, Holland St

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11 5283

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 23. 1881
4. *Place of Birth, (Street and Number)*	# 33 Chestnut St
5. *Full Name of Mother,*	Elizabeth Jones
6. *Mother's Maiden Name,*	Elizabeth Morris
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Jones
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	# 5. Garrett St
Remarks,	Died June 29th 1881 of Lock Jaw

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

482811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23d 81
4. *Place of Birth, (Street and Number)*	1308 S. Eutaw St.
5. *Full Name of Mother,*	Dorothea Blum
6. *Mother's Maiden Name,*	" Wickeler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Blum
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Catonsville Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Mary Wood
Address,	328 S. Eutaw St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48285

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male or ~~female~~)* White
2. *Race or Color, (if not of the white race)* June 23/81
3. *Date of Birth,* 61 S. Oregon St
4. *Place of Birth, (Street and Number)* Catherine Leonard
5. *Full Name of Mother,* " Smith
6. *Mother's Maiden Name,* Ireland
7. *Mother's Birthplace,* James Leonard
8. *Full Name of Father,* Police-Officer
9. *Father's Occupation,* Ireland
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H. L. Sheerhus

Address, 387 W. Lombard St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Born Juen 24 1881
4. *Place of Birth (Street and Number)* No 1½ Carlton St
5. *Full Name of Mother* Sidney Johnson
6. *Mother's Maiden Name* Sidney ~~Hawkings~~ hawkings
7. *Mother's Birthplace* Calburt County Md
8. *Full Name of Father* Sipres Johnson
9. *Father's Occupation* Wagner
10. *Father's Birthplace* Annaiubel county Md

Name of Medical Attendant, or other Person who makes this Return. Charlbott Warren

Address No 258 Roberg St

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24 1881
4. Place of Birth (Street and Number)	40. S Eden
5. Full Name of Mother	Hannah Katzenberg
6. Mother's Maiden Name	Hannah Berneis
7. Mother's Birthplace	Germany.
8. Full Name of Father	Mayer. Katzenberg
9. Father's Occupation	Clerk
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	A K Amoldman
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

118288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24th 1881
4. *Place of Birth, (Street and Number)*	78 Camden St
5. *Full Name of Mother,*	Mary A. Nugent
6. *Mother's Maiden Name,*	Mary A. Heyman
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	A. L. Nugent
9. *Father's Occupation,*	Horse Dealer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Lancaster
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics is the duty of Physicians.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24 – 81
4. *Place of Birth, (Street and Number)* No 89 S. High St
5. *Full Name of Mother,* Alice A. Jarnell
6. *Mother's Maiden Name,* Alice A. Fields
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wallace R. Jarnell
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return Mary A. Allwell

Address, 286 McDonough St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th
4. *Place of Birth, (Street and Number)* No 75 Eastern Ave
5. *Full Name of Mother,* Laura Egdwet
6. *Mother's Maiden Name,* " Magito
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Egdwet
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 June 1841
4. *Place of Birth, (Street and Number)* 1522 Schards st
5. *Full Name of Mother* Josephine Ramsey
6. *Mother's Maiden Name* Josephine Neides
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Ramsey
9. *Father's Occupation* bar Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Thorner

Address No 18 Byrd st

Remarks

48292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ch 24

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) light Brown
3. Date of Birth June 24 1881
4. Place of Birth (Street and Number) no 61 Dover Street
5. Full Name of Mother Gracie Byrd
6. Mother's Maiden Name
7. Mother's Birthplace Estern Shore Va
8. Full Name of Father Aderson Spridle
9. Father's Occupation Draymon
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Rosetta Galaway

Address no 136 York Street

Remarks Baltimore Md

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48293

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24th 81
4. *Place of Birth, (Street and Number)* 152 Hamburg st
5. *Full Name of Mother,* Margareth Schmith
6. *Mother's Maiden Name,* Becker
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Eckhardt Schmith
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

482.94

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1881
4. Place of Birth (Street and Number)	273 Forest St
5. Full Name of Mother	Sedonia Snyder
6. Mother's Maiden Name	Sedonia Harmeyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Snyder
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter MD
Address	36 Greenmount Ave,
Remarks	

RETURN OF A BIRTH

1152 95

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26 1881
4. *Place of Birth, (Street and Number)*	458 Canton Ave
5. *Full Name of Mother,*	Hilly Sutton
6. *Mother's Maiden Name,*	Rae Priest
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Hennon Sutton
9. *Father's Occupation,*	Sawyer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs E Fuge
Address,	193 Chester St
Remarks,	Male

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 24 1881
4. *Place of Birth (Street and Number)* 311 Carey St
5. *Full Name of Mother* Sarah Wedderburn
6. *Mother's Maiden Name* Addison
7. *Mother's Birthplace* Ar Kansas
8. *Full Name of Father* Alf J Wedderburn
9. *Father's Occupation* Merchant
10. *Father's Birthplace* New Orleans La

Name of Medical Attendant, or other Person who makes this Return. M K Warner

Address Stricker & Greenmount Av

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 24th 1881
4. *Place of Birth, (Street and Number)* 62 N. Dallas St.
5. *Full Name of Mother* Jane R. Wilson Hydings
6. *Mother's Maiden Name* Jane R. Wilson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Samuel Hydings
9. *Father's Occupation* Labor Work
10. *Father's Birthplace* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Wm Watts

Address

Remarks 125 Caroline St

RETURN OF A BIRTH

48298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 June
4. *Place of Birth, (Street and Number)* Kath. 253 Bank
5. *Full Name of Mother,* Kath Buskler
6. *Mother's Maiden Name,* Jäger
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Fred Buskler
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

correct Record of Vital Statistics in the City of

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 15 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th June
4. *Place of Birth, (Street and Number)*	Odonnell
5. *Full Name of Mother,*	Louise Schlabaum
6. *Mother's Maiden Name,*	Louise Buttgereit
7. *Mother's Birthplace,*	Hanover
8. *Full Name of Father,*	August Schlabaum
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley Street
Remarks,	Canton

JOHN B. PIET, PRINTER & STATIONER, BALT.

48300

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24 1881
4. *Place of Birth, (Street and Number)* W. Wolfstr No 24
5. *Full Name of Mother,* Mary Klofs
6. *Mother's Maiden Name,* Albert
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Alphonsus Klofs
9. *Father's Occupation,* Hoshster
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mr. John Baubach

Address, W. Wolfstr No 24

Remarks, [illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

115301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) fifth

1. *Sex,* (*state whether male or female*) girl
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 4th 1881
4. *Place of Birth,* (*Street and Number*) Highlandtown Balto Co
5. *Full Name of Mother,* Mary R Wagner
6. *Mother's Maiden Name,* Mary Rau
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Philip Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Eckenrode

Address, 171 S Washington St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ten. gebust.

1. *Sex (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Weis
3. *Date of Birth* 22 Juni
4. *Place of Birth, (Street and Number)* Bon street. № 38
5. *Full Name of Mother* Theresia Leemboller
6. *Mother's Maiden Name* " " Fleint
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Leimboller
9. *Father's Occupation* Schumager
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. MB Mander

Address Bank Street.

Remarks

HEALTH DEPARTMENT JUL 1881 BALTIMORE

48303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 24th 1881
4. *Place of Birth (Street and Number)* 121 N Bond
5. *Full Name of Mother* Mary E. Francis
6. *Mother's Maiden Name* M. E. Wood
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Robert Francis
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E Balto. Street

Remarks

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48304

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 24th 1881.
4. *Place of Birth, (Street and Number)* # 36 McKeldry
5. *Full Name of Mother* Augusta Ohnger
6. *Mother's Maiden Name* Augusta Babiker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Ohnger.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegust

Address 182 E Monument st.

Remarks

48305

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 24th 1881
4. *Place of Birth, (Street and Number)* 123. Leadenhall St.
5. *Full Name of Mother,* Mary Norton
6. *Mother's Maiden Name,* " Brady
7. *Mother's Birthplace,* Balti City
8. *Full Name of Father,* Patrick Norton
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other Person who makes this Return Mrs. Margt A. Richmond

Address, 185 Lee. S.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11 8306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June th 25 1881 Louisa

1. *Sex (state whether Male or Female)* maker Male child dead born

2. *Race or Color (if not of the white race)* colord

3. *Date of Birth* June 25 1881

4. *Place of Birth (Street and Number)* it was born york street 752

5. *Full Name of Mother* Louisa maker

6. *Mother's Maiden Name*

7. *Mother's Birthplace* calvert county

8. *Full Name of Father* no further

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs mary maker

Address york Street 752

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48307

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 25th 1881
4. *Place of Birth, (Street and Number)* 122 E. Pratt St.
5. *Full Name of Mother,* Rhoda Roach
6. *Mother's Maiden Name,* " Gough
7. *Mother's Birthplace,* Centreville, Md.
8. *Full Name of Father,* John F. Roach,
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M.D.

Address, Balt. & Wash. sts.

Remarks, Natural,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Twins, Male and Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 25th
4. *Place of Birth, (Street and Number)* No 146 South Caroline
5. *Full Name of Mother,* Rosana. P. Baldwin
6. *Mother's Maiden Name,* Rosana B Belis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H T Baldwin
9. *Father's Occupation,* Oyster Packer
10. *Father's Birthplace,* Fair Haven

Name of Medical Attendant, or other Person who makes this Return. Hannah E Knowles and Rosana Belis

Address, No 136 South Caroline Street.

Remarks, Natural

M E K.

JOHN D. PIET, PRINTER & STATIONER, BALT.

45309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* June 25th 1881
4. *Place of Birth (Street and Number)* 218 Greenmount Ave
5. *Full Name of Mother* Catharine E. Evans
6. *Mother's Maiden Name* Catharine E. Miller
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William A. J. Evans
9. *Father's Occupation* Coffee
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jno Sarah Woolley

Address No 330 Aisquith St. Baltimore City

Remarks

Extract Regulations of the [illegible] correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

Record of Vital Statistics in the City of

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W. C.
3. *Date of Birth,* 25th of June 1881
4. *Place of Birth, (Street and Number)* South Monroe Strat
5. *Full Name of Mother,* Mary Cohmens
6. *Mother's Maiden Name,* Mary Kering
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jonas Kering
9. *Father's Occupation,* Stone-mason
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel Strat per Justina Kunkel

Remarks, Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

48311

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 25th
4. *Place of Birth, (Street and Number)* 121 yorkst
5. *Full Name of Mother,* gracy brown
6. *Mother's Maiden Name,* gracy turner
7. *Mother's Birthplace,* anniérandle co
8. *Full Name of Father,* John brown
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia porter.

Address, no 4 patpsco avenue

Remarks, healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48312

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of June
4. *Place of Birth, (Street and Number)* No 383 Sixth St
5. *Full Name of Mother,* Mary Frank
6. *Mother's Maiden Name,* Mary Mussing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frank
9. *Father's Occupation,* Shumaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Gerhaber

Address, No 138 West Pt

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of June
4. *Place of Birth, (Street and Number)* No 23 Pottney
5. *Full Name of Mother,* Francis Snyder
6. *Mother's Maiden Name,* Francis Thurnen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Snyder
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Baltimore Dispensary

Address, No 128 West St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th
4. Place of Birth (Street and Number)	Cor. High & Hillen
5. Full Name of Mother	Maggie Galloway
6. Mother's Maiden Name	" Crowder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Galloway
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	36 Greenmt Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 25 th 81
4. *Place of Birth, (Street and Number)*	334 William st
5. *Full Name of Mother,*	Anna Tusch
6. *Mother's Maiden Name,*	Gormany Filsetin
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Fredrick Tusch
9. *Father's Occupation,*	works in Jewelry store
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Johnasser midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 115316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* born on the 25 of June 1884
4. *Place of Birth, (Street and Number)* 94 Payson St.
5. *Full Name of Mother* Mrs. Jones
6. *Mother's Maiden Name* Miss Germon
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Wm Jones
9. *Father's Occupation* Bricklr Works
10. *Father's Birthplace* born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Dr. Miller

Address 417 N. Gay St.

Remarks _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 25th 1881
4. *Place of Birth (Street and Number)* 39 Essex st
5. *Full Name of Mother* Elizabeth Hoffman
6. *Mother's Maiden Name* " Dresher
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hoffman
9. *Father's Occupation* Salon Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank st.

Remarks

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 25th 1881
4. *Place of Birth (Street and Number)* 237 Canton Ave
5. *Full Name of Mother* Mary Shebrun
6. *Mother's Maiden Name* " Henchel
7. *Mother's Birthplace* City
8. *Full Name of Father* William Shebrun
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Beaufort St.

Remarks

Extract Regulations of the Board of Health of Baltimore, Regarding Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[illegible]
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1881
4. *Place of Birth, (Street and Number)*	77 Johnson Av
5. *Full Name of Mother,*	Fannie Dodson
6. *Mother's Maiden Name,*	Fannie Reynolds
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Andrew Dodson
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other Person who makes this Return.	R. B. Noble M.D
Address,	50 Harrison Av
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11-8320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25th of June

4. *Place of Birth, (Street and Number)* 38 Preston St

5. *Full Name of Mother,* Mary Mc Carty

6. *Mother's Maiden Name,* " Wade

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Mc Carty

9. *Father's Occupation,* City Collector

10. *Father's Birthplace,* Ireland Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte A Cosby

Address, 369 Cathedral St

Remarks,

RETURN OF A BIRTH

48321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25 of June

4. *Place of Birth, (Street and Number)* Patington st canton

5. *Full Name of Mother,* Mathia Rae

6. *Mother's Maiden Name,* Camblin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred Rae

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore C

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48392

RETURN OF A BIRTH

HEALTH DEPARTMENT JUL 3 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June. the. 25. 1891.
4. *Place of Birth, (Street and Number)* Mc Elroy St. No 308.
5. *Full Name of Mother,* Louise . Hardin
6. *Mother's Maiden Name,* Louise . Hardin
7. *Mother's Birthplace,* Liebos; N. Prussia. Germany
8. *Full Name of Father,* Johannes . Hardin
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Liebos; N. Prussia. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St. No 26.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

48323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* Ex White

3. *Date of Birth,* June 25th 1881

4. *Place of Birth, (Street and Number)* #109 Cambridge St

5. *Full Name of Mother,* Annie W. Diamond

6. *Mother's Maiden Name,* Annie West

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* James Diamond

9. *Father's Occupation,* Teamster

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Timms

Address, #171 S. Washington St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

183224

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1881
4. *Place of Birth, (Street and Number)*	Portugal alley
5. *Full Name of Mother,*	Gertrude T. Lang
6. *Mother's Maiden Name,*	Gertrude Vogel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jos Lang
9. *Father's Occupation,*	Wood Turner
10. *Father's Birthplace,*	American
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address,	# 191 E. Washington St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

11 8325

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* June 25, 1881
4. *Place of Birth, (Street and Number)* E Eager St near Wolfe
5. *Full Name of Mother,* Christina Geisel
6. *Mother's Maiden Name,* " Gennant
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Geisel
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return W. H. White M. D.

Address, 327 N Broadway

Remarks, ...

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4-8326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boie

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25 June

4. *Place of Birth, (Street and Number)* 318 N. Durham St.

5. *Full Name of Mother,* Maria Ballard

6. *Mother's Maiden Name,* " Geary

7. *Mother's Birthplace,* Fallat Bohemia

8. *Full Name of Father,* Anton Ballard

9. *Father's Occupation,* Boat Tracker

10. *Father's Birthplace,* Platnic Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefina Konrad

Address, 120 Barnes St

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48327

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th. 1881
4. *Place of Birth, (Street and Number)* 423 W. Mc. Henry St.
5. *Full Name of Mother,* Ellenora Bell
6. *Mother's Maiden Name,* " Flahearty
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Wm Bell
9. *Father's Occupation,* Blacksmith B. & O. R. R.
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return. M. J. Leman

Address, 435 W. Mc. Henry St.

Remarks, Fine healthy Child

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48228

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 25th 1881
4. *Place of Birth, (Street and Number)* 166 Carrollton Av
5. *Full Name of Mother* Anna W. Heath
6. *Mother's Maiden Name* Anna W. Utley
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Charles C. Heath
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H. P. C. Wilson Jr

Address 146 Park Av

Remarks

...gulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 25. 1881
4. *Place of Birth, (Street and Number)*	734 W. Baltimore St
5. *Full Name of Mother,*	Sadie Philpot
6. *Mother's Maiden Name,*	" Culrup
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George Philpot
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Charles H Thomas M.D.
Address,	85. E Baltimore St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 26th 1881
4. *Place of Birth (Street and Number)* No N. Caroline St
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Hugh Hines
9. *Father's Occupation* Huckster
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Whitfield Winsey

Address 116 E. Fayette St

Remarks Birth Premature abou 7 1/2 months - Called to deliver an adherent Placenta - Considerable Hemorrhage

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26th 1881
4. Place of Birth (Street and Number)	311 Linden Ave.
5. Full Name of Mother	Eliza Hooper
6. Mother's Maiden Name	Eliza Stevenson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John R. Hooper
9. Father's Occupation	Banking
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Miller M.D.
Address	234 W. Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48332

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* June 26 th

4. *Place of Birth, (Street and Number)* no 62 Hill's alley

5. *Full Name of Mother,* Jane Coardley

6. *Mother's Maiden Name,* Jane downing

7. *Mother's Birthplace,* Cumberland county, Md

8. *Full Name of Father,* John Coardley

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Potter

Address, no 4 Patapsco avenue

Remarks, healthy Child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

115333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 26 of June

4. *Place of Birth, (Street and Number)* No 184 West St

5. *Full Name of Mother,* Hannah Riley

6. *Mother's Maiden Name,* Hannies Bark

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Riley

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Friedrichs

Address, No 8 West St

Remarks,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48334

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* the 26 of Jun
4. *Place of Birth, (Street and Number)* No 256 Chase St
5. *Full Name of Mother* Anne Yang
6. *Mother's Maiden Name* Anne Grob
7. *Mother's Birthplace* Baltemore
8. *Full Name of Father* Justus Grob
9. *Father's Occupation* Salzer
10. *Father's Birthplace* ~~Germany~~ Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cristina Lauer

Remarks 173 Harfer ern

1881
75

48335

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* ~~Jews~~ Male
2. *Race or Color, (if not of the white race)* Jews
3. *Date of Birth,* 26th June
4. *Place of Birth, (Street and Number)* 84 Sterling street
5. *Full Name of Mother,* Katie Asher
6. *Mother's Maiden Name,* " Faenel
7. *Mother's Birthplace,* Annarundal County
8. *Full Name of Father,* Samuel Asher
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ulbry 118 Holland

Address,

Remarks,

...s of the Board of Health to secure a full and ...rd of Vital Statistics in the City of Baltimore.

... physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 June
4. *Place of Birth, (Street and Number)* 23 Slemmers Alley
5. *Full Name of Mother,* Annie Perrymard
6. *Mother's Maiden Name,* Annie Hillier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lay Perrymard
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Flemming

Address, 95 Albemarle St

Remarks, Baltimore City

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48337

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 26 1881
4. *Place of Birth, (Street and Number)* 64 Preston St
5. *Full Name of Mother* Elisa McManus
6. *Mother's Maiden Name* Elisa Uke
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick McManus
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs L Meseneche

Address 345 Penna ave

Remarks

RETURN OF A BIRTH

18338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 2 1881 BALTIMORE

Name, Henry Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1881
4. *Place of Birth, (Street and Number)* No 476 Lanvale Avenue
5. *Full Name of Mother,* Nellie Meyer
6. *Mother's Maiden Name,* Nellie Abelman
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Louis Meyer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. E. Schmitt No 525 Lanvale Ave

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

48339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday June 26th 1881
4. *Place of Birth, (Street and Number)*	65 E. Monument St
5. *Full Name of Mother,*	Fannie Willson
6. *Mother's Maiden Name,*	Fannie Poulson
7. *Mother's Birthplace,*	Carroll Co Md
8. *Full Name of Father,*	Chas. Willson
9. *Father's Occupation,*	R. R. Road Employee
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	25 E. Greenmount Ave
Remarks,	"Vertex Presentation"

48340

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday June 26th. 1881.
4. *Place of Birth, (Street and Number)*	169 Greenmount Ave
5. *Full Name of Mother,*	Nellie Stoney
6. *Mother's Maiden Name,*	Nellie Sebold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Stoney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	25 f. Greenmount Ave
Remarks,	Vertex Presentation

RETURN OF A BIRTH

118341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 81
4. *Place of Birth, (Street and Number)*	# 401 S. Eutaw St
5. *Full Name of Mother,*	Elizabeth Houck
6. *Mother's Maiden Name,*	" Sattum
7. *Mother's Birthplace,*	Wurtemberg
8. *Full Name of Father,*	Wm Houck
9. *Father's Occupation,*	Glass blower
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 S. Eutaw St.
Remarks,	

Further Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

11831-2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Whit
3. *Date of Birth,*	June 26th 81
4. *Place of Birth, (Street and Number)*	Amelia Helbuch # 3 Sterrett St
5. *Full Name of Mother,*	" Swambuch Amelia Helbuch
6. *Mother's Maiden Name,*	Prussia " Swambuch
7. *Mother's Birthplace,*	Henry Helbuch Prussia
8. *Full Name of Father,*	Log Henry Helbuch
9. *Father's Occupation,*	Liquor Dealer
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary Wrh.
Address,	# 328 S. Eutaw St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48343

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

CERTIFICATE CORRECTED 3-31-54

BALTIMORE CITY.

Name: Margaret Ann Wilson

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, ~~&c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* June 26, 1881
4. *Place of Birth, (Street and Number)* 321 N. Ann St.
5. *Full Name of Mother,* Susan Wilson
6. *Mother's Maiden Name,* " Irwin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm (~~Banks~~) Wilson
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return: W. B. White, M.D.

Address, 347 N. Broadway

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48344

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~No 136 Mulberry St.~~ 26 of June.
4. *Place of Birth, (Street and Number)* No 136 Mulberry St.
5. *Full Name of Mother,* Lena Launtner.
6. *Mother's Maiden Name,* " " Libz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Launtner.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner.

Address, 845 S. Monroe St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

18314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth June 26th 1881.
4. Place of Birth (Street and Number) Valley St No 22 City.
5. Full Name of Mother Mary Ann Renner.
6. Mother's Maiden Name Mary Ann Boyle.
7. Mother's Birthplace Washington City.
8. Full Name of Father Joseph Edward Renner.
9. Father's Occupation Flouring Miller.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Sarah Worden

Address 330 Asquith street Baltimore city.

Remarks

RETURN OF A BIRTH.

48346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 26th
4. *Place of Birth* (Street and Number)	Stockholm St. H, 27th
5. *Full Name of Mother*	Kate Higgins
6. *Mother's Maiden Name*	Kate Burs.
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas Higgins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Harrigan.
Address	112 Scott St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	26 of June
4. *Place of Birth, (Street and Number)*	No 18 Park street
5. *Full Name of Mother,*	May Sprigg
6. *Mother's Maiden Name,*	May Sprigg
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Gittings Sprigg
9. *Father's Occupation,*	Seller
10. *Father's Birthplace,*	Colored
Name of Medical Attendant, or other Person who makes this Return.	[illegible] Goods
Address,	18 Park street
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

48348

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26/81
4. *Place of Birth, (Street and Number)* 43 N Stricker St.
5. *Full Name of Mother,* A Emma Dawson
6. *Mother's Maiden Name,* " " Balderson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm H Dawson
9. *Father's Occupation,* Attorney at Law
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Keesler M

Address, S W Co Fayette & Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

48349

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26/81
4. *Place of Birth, (Street and Number)* 319 W Henry St
5. *Full Name of Mother,* Jennette Buckingham
6. *Mother's Maiden Name,* " Peacock
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* John W Buckingham
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. W G Roseslin Mdy

Address, S W Cor Fayette & Calhoun Sr

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

11 8330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1921
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26
4. *Place of Birth, (Street and Number)* 2 Forest st
5. *Full Name of Mother,* Mary Jane Truelove
6. *Mother's Maiden Name,* Mary Jane Manning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Truelove
9. *Father's Occupation,* Water Department
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Oliver

Address, 214 N Eden st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

15331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1891 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 26th 1891
4. *Place of Birth,* (Street and Number) 421 Hanover St
5. *Full Name of Mother,* Catherine Eliza Kaulfuss
6. *Mother's Maiden Name,* " Schaefer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Clemens Kaulfuss
9. *Father's Occupation,* Glass Engraver
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Wm Gwinlet M. D.

Address, 170 S. Sharp St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 6 1821
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth June 26:
4. Place of Birth (Street and Number) 159 E Fayette
5. Full Name of Mother Annie B
6. Mother's Maiden Name Richter
7. Mother's Birthplace Baltimore
8. Full Name of Father John H Hellmers
9. Father's Occupation Agarmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D Gillovan & Bro

Address 137 W Fayette

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 2 1881 BALTIMORE.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 June 1881
4. *Place of Birth, (Street and Number)* 199 Dolphin St.
5. *Full Name of Mother,* Emily J. Giles
6. *Mother's Maiden Name,* Owings
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward N. Giles
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. H. M. Owings M.D

Address, 274 Madison Ave.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

48354

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 27 1881
4. *Place of Birth, (Street and Number)* 336 Division St
5. *Full Name of Mother* Agnes Ruppelmeyer
6. *Mother's Maiden Name* Agnes Finner
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Albert Ruppelmeyer
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Meseroth

Address 3451 Penna ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1881 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* 27th of June

4. *Place of Birth,* (*Street and Number*) 921 Pennsylvania ave

5. *Full Name of Mother,* Eliza Grinwold

6. *Mother's Maiden Name,* Deaver

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Grinwold

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address, 349 Cathedral St.

Remarks,

[redacted] 6-10-55 48356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 2 1881 BALTIMORE

Edward Edwin M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 27th 1881
4. *Place of Birth (Street and Number)* 59 Columbia Avenue
5. *Full Name of Mother* Prudence E Newberry
6. *Mother's Maiden Name* Prudence E Wall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alfred H. Newberry
9. *Father's Occupation* Huckster
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 343 W. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11-8357

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 6 Jonson
5. *Full Name of Mother,* Hattie Lentz
6. *Mother's Maiden Name,* Lantz
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Conrad Lentz
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Para Carper

Address, 72 E Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48358

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* ~~27 June~~.
3. *Date of Birth,* 27 June.
4. *Place of Birth, (Street and Number)* 240 Lee street
5. *Full Name of Mother,* Dena Kern.
6. *Mother's Maiden Name,* Dena Diehl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Kern.
9. *Father's Occupation,* Safe Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Minch

Address, 1 Leadenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4-8359

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1881
4. Place of Birth (Street and Number)	Canal St near Jefferson
5. Full Name of Mother	Louisa A Kenly
6. Mother's Maiden Name	" " Stewart
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Abner G Kenly
9. Father's Occupation	Carpenter
10. Father's Birthplace	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	E H Rutledge
Address	151 Aisquith
Remarks	

Further Regulations by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 27th 1881
4. *Place of Birth, (Street and Number)*	398 Cross St
5. *Full Name of Mother*	Anna Dixon
6. *Mother's Maiden Name*	" " Chambers
7. *Mother's Birthplace*	Kent County
8. *Full Name of Father*	Perry Dixon
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Kent County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Margt A. Richmond
Address	195 Lee St
Remarks	

48361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Femel
2. Race or Color (if not of the white race) Colord
3. Date of Birth June 27
4. Place of Birth (Street and Number) No 36 Sterling st
5. Full Name of Mother Frances A Johns
6. Mother's Maiden Name Frances A Whitet
7. Mother's Birthplace Patapsco Neck Balt Cont Md
8. Full Name of Father William D Johnes
9. Father's Occupation hardcarer
10. Father's Birthplace Hamton Va

Name of Medical Attendant, or other Person who makes this Return. Mr Wigens

Address Regent st

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4 5362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 26th 1881
4. *Place of Birth, (Street and Number)*	# 16 Wells Lane
5. *Full Name of Mother,*	Julia Mitchel
6. *Mother's Maiden Name,*	Julia Baily
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Mitchel
9. *Father's Occupation,*	Labarer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	# 5 Forrest St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

48363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 27th
4. Place of Birth (Street and Number) No. 102 Scott St.
5. Full Name of Mother Nettie Meyers
6. Mother's Maiden Name Nettie Ellicamp
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Meyers
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Horrigan

Address 112 Debot St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48364

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 27th 1881
4. *Place of Birth, (Street and Number)* 470 N Washington St
5. *Full Name of Mother* Ida Daley
6. *Mother's Maiden Name* Grover
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jacob E. Daley
9. *Father's Occupation* Iron-moulder
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. S. W. Selonn Mdl

Address 474 N Gay Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48365

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 27th 1881
4. *Place of Birth, (Street and Number)* # 120 Sommerset st
5. *Full Name of Mother* Annie Selberscks.
6. *Mother's Maiden Name* Annie Tusluk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Selberscks
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address 182 East Monument st.

Remarks

name of the mother of such child or children.

48366

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 27th 1881
4. *Place of Birth, (Street and Number)* 77 Patterson Ave
5. *Full Name of Mother,* Mary Hooper
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Geo W. Hopper
9. *Father's Occupation,* Sign Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Mr. Margt A. Richmond

Address, 185 Lee St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48367

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Wh
3. *Date of Birth,* Jun 27 t
4. *Place of Birth, (Street and Number)* No 167 West Street
5. *Full Name of Mother,* Catharina Loch
6. *Mother's Maiden Name,* Ca. Becker
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Friederich Becker
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Katharine Minch

Address, 1 Leadenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 3 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1881
4. Place of Birth (Street and Number)	264 Penna. ave
5. Full Name of Mother	Mary
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt Md
8. Full Name of Father	A. W. Kriet
9. Father's Occupation	Packer (Fruit)
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thos S Latimer
Address	187 W. Biddle St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48369

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1881
4. *Place of Birth, (Street and Number)* 88 Lee St
5. *Full Name of Mother,* Ida S. Fenters
6. *Mother's Maiden Name,* Ida S. Lecato
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* M. S. G. Fenters
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address. 146 S Hanover St

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* June 28 1887
4. *Place of Birth, (Street and Number)* 22 Talbot County
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Kitty Clinton
7. *Mother's Birthplace,* St Mary County
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this return, Lucinder Woolford

Address, 180 E Register St

Remarks, No Remark

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

11837/

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female) " male

Race or Color, (if not of the white race) white race

Date of Birth June the 28

Place of Birth, (Street and Number) Baltimore fort ave & Lee

Full Name of Mother Kate Smith

Mother's Maiden Name Kate Brennan

Mother's Birthplace Elkridge Maryland

Full Name of Father Daniel Smith

Father's Occupation painter

Father's Birthplace richmond va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address william st No 3 yd

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28th of June
4. *Place of Birth, (Street and Number)* 182 Johnson St
5. *Full Name of Mother* Catherine E. Collins
6. *Mother's Maiden Name* Catherine E Jeanes
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Joseph D. Collins
9. *Father's Occupation* Sergeant of Police
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Jeanes

Address 604 Eutaw St

Remarks

48373

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1881
4. *Place of Birth, (Street and Number)* 358 Lexington st
5. *Full Name of Mother,* Nettie Carson
6. *Mother's Maiden Name,* Nettie Anderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. G. Carson
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E. W. Mittenberger

Address. 121 W. Monument st

Remarks, 8 nos. Fr. Chelsea Harbor

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48374

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* date of Birth June 28th 1881
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 192 Chesnut st
5. *Full Name of Mother,* Annie M. Mohr
6. *Mother's Maiden Name,* Annie M. Dietz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry G. Mohr
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

118975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th 1881
4. *Place of Birth, (Street and Number)*	142 N Carrollton Ave.,
5. *Full Name of Mother,*	Catherine Estelle Delaney,
6. *Mother's Maiden Name,*	Catherine Estelle Kennedy
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Henry S. Delaney,
9. *Father's Occupation,*	Accountant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington M.D.,
Address,	134 N Carrollton Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 28 1881
4. *Place of Birth (Street and Number)*	7 Montrose st.
5. *Full Name of Mother*	Annie E. Lloyd
6. *Mother's Maiden Name*	Wright
7. *Mother's Birthplace*	Talbot Co. Md.
8. *Full Name of Father*	Robert R. Lloyd
9. *Father's Occupation*	Druggist
10. *Father's Birthplace*	Talbot Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	322 Hollins st.
Remarks	Fine Large Boy

4-8377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1881
4. Place of Birth (Street and Number)	#119 N Calvert St
5. Full Name of Mother	Annie E Perry
6. Mother's Maiden Name	" " Phillips
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Perry
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Saml J Baltz M.D.
Address	#134 N Calvert St
Remarks	

RETURN OF A BIRTH

1 8378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 28th
4. *Place of Birth,* (*Street and Number*) Cambridge St
5. *Full Name of Mother,* Mrs Mary Wes
6. *Mother's Maiden Name,* Mrs Mary Rob
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wes
9. *Father's Occupation,* Sugar worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address, 111 Washington St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH,

18379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 28th
4. *Place of Birth, (Street and Number)* 23 Law street
5. *Full Name of Mother* Phinna Passano
6. *Mother's Maiden Name* Phinna Pogga.
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Dominik Passano
9. *Father's Occupation* Fruit dealer
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Linda Hillegust

Address 182 E Monument street

Remarks

RETURN OF A BIRTH

11538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* the 28 of June 1881.
4. *Place of Birth, (Street and Number)* Baltimore MD. Belair Av No Number
5. *Full Name of Mother,* Louisa Kentze.
6. *Mother's Maiden Name,* Louisa Bockenkan
7. *Mother's Birthplace,* Germeney
8. *Full Name of Father,* Martin Bockerman
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germeney

Name of Medical Attendant, or other Person who makes this Return. Magdalena Brund.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

48381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	25 of June
4. *Place of Birth, (Street and Number)*	No 24 Vincent alley
5. *Full Name of Mother,*	Jane Bush
6. *Mother's Maiden Name,*	Jane Gibson
7. *Mother's Birthplace,*	Saint Mary County Md
8. *Full Name of Father,*	Henry Gibson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Jones
Address,	No 3 Potts St Baltimore Md
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

18382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1901 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 28th June.
4. *Place of Birth, (Street and Number)* 78 Lurcens. Al.
5. *Full Name of Mother,* Chollot Walters
6. *Mother's Maiden Name,* " Tab
7. *Mother's Birthplace,* Saint Marrier County
8. *Full Name of Father,* William Walters
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Angelline. Wilson

Address, 294 Warner St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 28. June.
4. *Place of Birth, (Street and Number)* 94 Stockholliam st.
5. *Full Name of Mother,* Suwesia Jonson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* Tomas. Tomas.
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Angelline Wilson

Address, 294. Warner st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

183811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1891
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 28
4. *Place of Birth, (Street and Number)*	284 W Fayette St
5. *Full Name of Mother,*	Rachel Chappell
6. *Mother's Maiden Name,*	Medairy
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	P E Chappell
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	H Mitchell
Address,	284 Madison Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

48385

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 28th
4. *Place of Birth, (Street and Number)* Knox ally No 16
5. *Full Name of Mother,* Caroline Zinck
6. *Mother's Maiden Name,* Broening
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* G. H. W. Zinck
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dunlo

Remarks, No 0 Shroeder St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 29th 1881

HEALTH DEPARTMENT
JUN 30 1881
BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 5th.

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 29th 1881
4. *Place of Birth,* (*Street and Number*) 257 Alice Ann St.
5. *Full Name of Mother,* Gertrude Schaner.
6. *Mother's Maiden Name,* Gertrude Meinschein.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Peter Schaner.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arnold.

Address, No. 137 Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 29th 1881

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 29th 1881.
4. *Place of Birth, (Street and Number)* 304 S. Bond St.
5. *Full Name of Mother,* Mary Kirkham.
6. *Mother's Maiden Name,* Mary Sletzer.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John A. Kirkham.
9. *Father's Occupation,* Ships Joiner.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs M. Amend.

Address, No. 137 Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 43 short street
5. *Full Name of Mother,* Mary Bach
6. *Mother's Maiden Name,* " Metzger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Peter Bach
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. Albig 45 Holland

Address, street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 27th 1881
4. *Place of Birth (Street and Number)* No 390 Canton Ave
5. *Full Name of Mother* Elizabeth Dabele
6. *Mother's Maiden Name* " Wenner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Karl Dabele
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48390

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29d 1881
4. *Place of Birth, (Street and Number)* 9 Henrietta St
5. *Full Name of Mother,* Josephine Rusk
6. *Mother's Maiden Name,* Josphine Carter
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Rusk,
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble Mrs

Address, 50 Warren av

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 29 1881
4. *Place of Birth, (Street and Number)* No 6 Fremont
5. *Full Name of Mother* Lizzie Safran
6. *Mother's Maiden Name* Lizzie Werb
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Safran
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehe

Address 345 Penna ave

Remarks

RETURN OF A BIRTH,

49392

49392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 2nd 1881
4. *Place of Birth, (Street and Number)* 233 Penna ave
5. *Full Name of Mother* Julia Hall
6. *Mother's Maiden Name* Julia Burke
7. *Mother's Birthplace* Washington
8. *Full Name of Father* August Hall
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Meyerhoff

Address 345 Penna ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

48393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 29th 1881
4. *Place of Birth, (Street and Number)* East 73
5. *Full Name of Mother,* Charlott Brown
6. *Mother's Maiden Name,* Charlott Loveday
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thuston R. Brown
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Baldwin

Address, 124 n Exeter st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

4 8 3 9 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29th of June 1881
4. *Place of Birth, (Street and Number)* 76 Leadenhall St.
5. *Full Name of Mother,* Elizabetha Sagengast Waldschmidt
6. *Mother's Maiden Name,* do Sagengast
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Waldschmidt
9. *Father's Occupation,* Frame Joiner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Mench

Address, Corner Leadenhall & Montgomery St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22d of June 1881
4. *Place of Birth, (Street and Number)* No 2 North Milton ave
5. *Full Name of Mother,* Mary B. Neubauer
6. *Mother's Maiden Name,* Mary B. Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Cresantia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

48396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex,* (state whether male or female) Boy
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* 29th of June 1881.
4. *Place of Birth,* (Street and Number) 46 North Castel Strat.
5. *Full Name of Mother,* Mary Grebs
6. *Mother's Maiden Name,* Mary Morer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolf Grebs.
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescitia Kunkel

Address, 71 North Chapel strat per Justina Kunkel

Remarks, Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

48397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 June
4. *Place of Birth, (Street and Number)* No 4 Pulpit St Baltimore
5. *Full Name of Mother,* Hattie ~~Langhirt~~ Wearmute
6. *Mother's Maiden Name,* Haite Langhirt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Wearmute
9. *Father's Occupation,* Seaboard
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48398

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 June
4. *Place of Birth, (Street and Number)* Plowman
5. *Full Name of Mother,* Fortuneta Sepilenta
6. *Mother's Maiden Name,* Trapany
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* Rafael Sepilenta
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address, 72 E Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48399

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* June 29, 1881
4. *Place of Birth, (Street and Number)* Belair Road near Washington Rd
5. *Full Name of Mother,* Cynthia Martenet
6. *Mother's Maiden Name,* " Lang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Fussel Martenet
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. W. White, M.D.

Address, 347 N. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48400

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* June 29, 1881
4. *Place of Birth, (Street and Number)* 21 E Biddle St
5. *Full Name of Mother,* Emma B. Krebs
6. *Mother's Maiden Name,* " " Pierce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas W S Krebs
9. *Father's Occupation,* Produce dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W B White, M.D.

Address, 347 N Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

484.01

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29 of June 1881
4. *Place of Birth, (Street and Number)* #26 Woodyear street
5. *Full Name of Mother* Mrs Arnold
6. *Mother's Maiden Name* Miss Carrie Litzeffert.
7. *Mother's Birthplace* Cincinnati
8. *Full Name of Father* Mr Mathias Arnold
9. *Father's Occupation* Iron Molder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address No 4 Calhoun street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

148402

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29th June 1884
4. *Place of Birth, (Street and Number)* # 49 Woodyear st.
5. *Full Name of Mother* Rosy Graham
6. *Mother's Maiden Name* Rosy McAhony
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Graham
9. *Father's Occupation* Quaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address # 9 Calhoun st.

Remarks

48403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 29th 1881
4. *Place of Birth (Street and Number)* 315 S. Bond
5. *Full Name of Mother* Lena Heller
6. *Mother's Maiden Name* Lena Heller
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* "Give it up"
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 77 So. Broadway

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

484014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	June 29th 1881
4. *Place of Birth, (Street and Number)*	Rear of No 16 Stockton St.
5. *Full Name of Mother,*	Mrs. Oscar Hunt.
6. *Mother's Maiden Name,*	Jane Howard
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Oscar Hunt.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other Person who makes this Return	J. Richards. M.D.
Address,	530 Penna Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

48405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th 1881
4. *Place of Birth, (Street and Number)*	No 10 E. Whetcoat St.
5. *Full Name of Mother,*	Mrs. Robert Boyd.
6. *Mother's Maiden Name,*	Jane Court.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Robert Boyd.
9. *Father's Occupation,*	Carriage Trimmer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	H. Rickert, M.D.
Address,	330 Penna Ave.
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Coulard
3. Date of Birth June 29th 1881
4. Place of Birth (Street and Number) 27 mairse alley
5. Full Name of Mother Marion Ross
6. Mother's Maiden Name Marion Boulright
7. Mother's Birthplace Vur
8. Full Name of Father Dock Ross
9. Father's Occupation Pourter
10. Father's Birthplace Naptais

Name of Medical Attendant, or other Person who makes this Return. Mr Sarah Smothers

Address No 35 Littel George St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 28th 1881.
4. *Place of Birth, (Street and Number)* No 8 Vincent St.
5. *Full Name of Mother* Carrie Mack,
6. *Mother's Maiden Name* Carrie Smith
7. *Mother's Birthplace* Catonsville Balto Co. Md.
8. *Full Name of Father* John Mack
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No 57 Eastlove St.

Remarks

48408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1881
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 29 1881
4. Place of Birth (Street and Number)	253 Saratoga St.
5. Full Name of Mother	Bertha Schlass.
6. Mother's Maiden Name	Bertha Kahn.
7. Mother's Birthplace	Germany
8. Full Name of Father	William Schlass
9. Father's Occupation	Merchant.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. K. Arnold M.D.
Address	
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

45409

HEALTH DEPARTMENT JUL 8 1891 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1891
4. *Place of Birth, (Street and Number)* No 294 W. Lombard St
5. *Full Name of Mother,* Jennie L Nickols
6. *Mother's Maiden Name,* " " McCune
7. *Mother's Birthplace,* New Castle Co Delaware
8. *Full Name of Father,* Frank E Nickols
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return, A L Shipley M.D.

Address, 387 W. Lombard St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

48116

HEALTH DEPARTMENT
9
1881
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 27th 1881
4. *Place of Birth, (Street and Number)* N° 543 Light st
5. *Full Name of Mother* Catharine Scheme
6. *Mother's Maiden Name* Catharine Thiele
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Scheme
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Scheme

Address N° 18 Byrd st

Remarks

48411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1881
4. Place of Birth (Street and Number)	S. E. Cor of Gilmor & Franklin
5. Full Name of Mother	Annie Boteler
6. Mother's Maiden Name	Annie Street
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	A Eugene Boteler
9 Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	E Goverlog M.D.
Address	289 W Fayette
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4814/12

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAC 12 1881 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 30th 1881
4. *Place of Birth (Street and Number)* 170 Bethel st
5. *Full Name of Mother* Anna Manzer
6. *Mother's Maiden Name* " Theis
7. *Mother's Birthplace* City
8. *Full Name of Father* Philip Manzer
9. *Father's Occupation* Driver
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address 120 Bank st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	F. Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 30th 1881.
4. *Place of Birth, (Street and Number)*	N° 60 N. Exeter St.
5. *Full Name of Mother,*	Sarah F. Gontrum.
6. *Mother's Maiden Name,*	Sarah F. Claridge.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Henry H. Gontrum.
9. *Father's Occupation,*	Shoe Cutter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. E. Powell M.D.
Address,	227 Carrollton Ave.
Remarks,	Child Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

484144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 30. 1881
4. *Place of Birth, (Street and Number)* S. Schoppelstr No 80
5. *Full Name of Mother,* Margarethe Winklin
6. *Mother's Maiden Name,* Lorbeer
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Henry Winklin
9. *Father's Occupation,* Pitschinmaker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Mr Joh. Raubach

Address, S. Wolfstr No 14

Remarks, Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

11811 5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th June 81
4. *Place of Birth, (Street and Number)* 283 N Mackin St.
5. *Full Name of Mother,* Annie M Hyde
6. *Mother's Maiden Name,* Annie M. Bordley
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George W. Hyde
9. *Father's Occupation,* Tyn Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J Miller M D

Address, 87 N Green St

Remarks,

JOHN B. DIET, PRINTER & STATIONER, BALT.

48416

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 3 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 30th of June 1881.
4. *Place of Birth, (Street and Number)* 42 Low street.
5. *Full Name of Mother,* Lizzie Gangle.
6. *Mother's Maiden Name,* Lizzie Gerbe.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Frank Gerbe
9. *Father's Occupation,* Cigarmaker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

11-8-11-17

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th "
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 30th " 1881
4. *Place of Birth (Street and Number)*	227 Forest St -
5. *Full Name of Mother*	Maggie Perrine
6. *Mother's Maiden Name*	" Burns
7. *Mother's Birthplace*	Balto. md
8. *Full Name of Father*	Wm Perrine
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Silas M Hunter MD
Address	36 Greenmount Ave,
Remarks	

11841 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1891 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th 1891.
4. *Place of Birth, (Street and Number)* No. 285 N. Durham Street.
5. *Full Name of Mother,* Lizzie Croth
6. *Mother's Maiden Name,* Lizzie Vogle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Croth
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Bell.

Address, No 185 E. Co Central av. & Monument St.

Remarks, Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

48419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7
1881
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* June 30
4. *Place of Birth* (Street and Number) 42 Lexington St
5. *Full Name of Mother* Mary E Atkinson
6. *Mother's Maiden Name* Mary E Hardy
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Geo Robert Atkinson
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Sophia Johnson

Address

Remarks

48420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 30th 1881
4. *Place of Birth (Street and Number)* Chas & Read Sts
5. *Full Name of Mother* Margaret Sparrow
6. *Mother's Maiden Name* Devine
7. *Mother's Birthplace* St Louis Mo.
8. *Full Name of Father* Henry Sparrow.
9. *Father's Occupation* Car driver.
10. *Father's Birthplace* Frederick - Md.

Name of Medical Attendant, or other Person who makes this Return. Jno G. Jay

Address 75 Franklin St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48421

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first one.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* Jan 30 1881
4. *Place of Birth, (Street and Number)* No. 476 Canton Av
5. *Full Name of Mother,* Dune ~~[illegible]~~ Stacher.
6. *Mother's Maiden Name,* Dune Pfirdner,
7. *Mother's Birthplace,* Gearmeney.
8. *Full Name of Father,* F. W. C. Stacher
9. *Father's Occupation,* Black Smith Helper.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Miss Wiley

Address. No 12 Patterson Park Av

Remarks,

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1181122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 7 1891 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the Seventh Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 30th
4. *Place of Birth, (Street and Number)* 35 Cambridge Street
5. *Full Name of Mother,* Wealthy Ann Hausemann
6. *Mother's Maiden Name,* Wealthy Ann Shaw
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Hausemann
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return — N W E Gray

Address, 195 S Chester St

Remarks, Healthy Child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

48423

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 30th 1881
4. *Place of Birth, (Street and Number)* Baltimore Parkin No 53
5. *Full Name of Mother* Anne Johnston
6. *Mother's Maiden Name* McCleary
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Johnston
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

484424

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1901 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 30th 1861
4. *Place of Birth, (Street and Number)*	175 Ensor St.
5. *Full Name of Mother*	Mary June Coyle
6. *Mother's Maiden Name*	" " Kelley
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	P. H. C. Coyle
9. *Father's Occupation*	Carrier
10. *Father's Birthplace*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Brooke Boyle M.D.
Address	Calvert & Eager
Remarks	

RETURN OF A BIRTH,

118125

HEALTH DEPARTMENT JUL 1881 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 30th 81
4. *Place of Birth, (Street and Number)* 170 Eager St.
5. *Full Name of Mother* Amelia French
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Wm French
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D

Address Calvert & Eager Sts

Remarks

48426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 30/81
4. *Place of Birth (Street and Number)* 22 Parissh St
5. *Full Name of Mother* Rosa Hall
6. *Mother's Maiden Name* " Scott
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Aleck Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address 39 N Carey St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1921 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 30
4. *Place of Birth, (Street and Number)* 226 N Caroline St
5. *Full Name of Mother,* Sophia [redacted] Forrester
6. *Mother's Maiden Name,* Sophia Dubuet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Forrester
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Oliver

Address, 214 N Eden St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

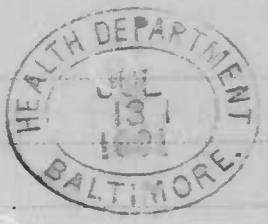
417

RETURN OF A BIRTH

48428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 30
4. *Place of Birth, (Street and Number)* 191 N Bond st
5. *Full Name of Mother,* Annie Moore
6. *Mother's Maiden Name,* Annie Garrymann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Nelson Moore
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Olivier

Address, 214 N Eden st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

48429

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1901 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 June
4. *Place of Birth, (Street and Number)* 247 N. Bond St.
5. *Full Name of Mother,* Frantiska Kadan
6. *Mother's Maiden Name,* " " Kranicka
7. *Mother's Birthplace,* Susic Bohemia
8. *Full Name of Father,* Frank Kadan
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Pacic Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefina Konrad

Address, 20 Barnes St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

18430

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) First

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th, 1881.
4. Place of Birth (Street and Number) 7 Baren
5. Full Name of Mother Annie Dolan
6. Mother's Maiden Name Annie Lanyan
7. Mother's Birthplace Ireland.
8. Full Name of Father Daniel Dolan
9. Father's Occupation Balto. Gas Works
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. S. Scott. Leackle, M.D.

Address 128 Park av.

Remarks Forceps were used on act. of resident Perineum –

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

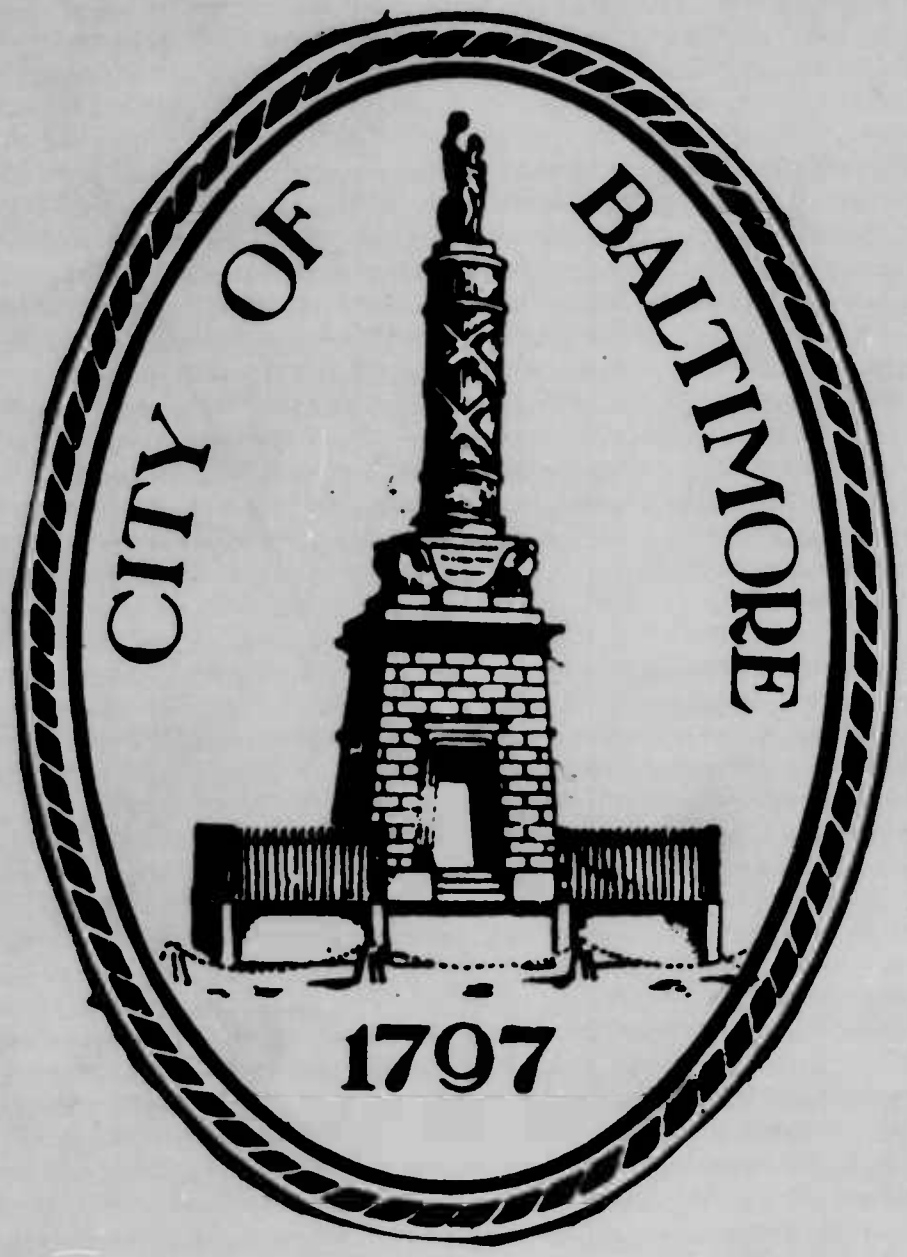
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 23rd DAY Oct.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #44440 AND
ENDING WITH #48430 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL